

Brazos Valley Food Bank Agency Fact Sheet 2024

Agency Name: _____

Site Address: _____

Mailing Address: _____

City _____ State _____ Zip _____ County _____

Phone #: _____ Fax #: _____

Web address: _____

Director's Name: _____ Phone #: _____

Cell Phone #: _____ Fax #: _____

Email: _____

Food Pantry Coordinator's Name: _____ Phone #: _____

Cell Phone #: _____ Fax #: _____

Email: _____

Name of individual to receive billing statement: _____

Billing Address _____

City _____ State _____ Zip _____ County _____

Phone #: _____ Fax #: _____

Email: _____

Name of individual completing monthly STATs forms: _____

Phone #: _____ Fax #: _____

Email: _____

EMERGENCY Contact – someone we could contact in the event of a BVFB closure due to weather or emergency situation

Name: _____ Phone# _____

Are you a client choice pantry? () yes () no

Do you currently use Pantry Systems? () yes () no

Day(s) and time of distribution: _____
