



Relay For Life OF THE SANTA CLARITA VALLEY

Food Vendor Donation Form

We would be honored to participate as a Vender Partner in this year's Relay For Life on **May 22-23, 2010**. As an expression of concern and commitment to the goals of the American Cancer Society, please accept our pledge.

Company: _____

Name/Contact: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Description of Food or Beverages:

Number of Item/Servings: _____ Donation Value: \$ _____

We are unable to participate in the above categories, but would like to make a financial contribution to Relay For Life in the amount of \$ _____.

Delivery of Contribution:

- Will deliver to Relay (Central Park) at _____ AM PM on Saturday Sunday
- Will deliver and serve at Relay (Central Park) at _____ AM PM on Saturday Sunday
- Food/Beverages need to be picked up by _____ AM PM on Friday Saturday Sunday

Pick-up Location: _____

Signature _____

Date _____

For more information on food donations, please contact:

Mike or Betsy Keesler

at Food@SCVRelay.org

or go to www.scvrelay.org



Please call in, fax or mail to:

Phone: (661) 298-0886, Opt 3 ♦ Fax: (661) 775-9853

The American Cancer Society, Attn: Relay For Life

25020 W. Avenue Stanford, Suite 170, Valencia, CA 91355