

Contact Form



Date _____

Please fax, email, or mail the completed form to your Regional Partnership Coordinator:

Region 1: Taylor McCombs, tmccombs@foodbankiowa.org, 515.867.2883

Region 2: Sonja LeSher, slesher@foodbankiowa.org, 515.867.2887

Region 3: Marie Peterson, mpeterson@foodbankiowa.org, 515.867.2891

Region 4: Lexi Prigge, lprigge@foodbankiowa.org, 515.867.2884

Region 5: Neil Rosenberg, nrosenberg@foodbankiowa.org, 515.564.0330

Agency Information

Agency Number _____ Agency Name _____

Agency Phone (____) _____ Agency Fax (____) _____

Physical Address _____

City _____ Zip Code _____

Mailing Address _____

City _____ Zip Code _____

Do you offer Delivery? Yes ____ No ____ Emergencies ONLY ____

EIN _____ - _____

Agency Contacts

1. Head of your Agency: _____

a. Position Title (Exec Dir, CEO) _____

b. Direct Phone Number (____) _____ Email _____

2. Main Contact: _____

a. Position Title _____

b. Direct Phone Number (____) _____ Email _____

3. Online Ordering Contact: _____

a. Position Title _____

b. Direct Phone Number (____) _____ Email _____

4. Bill to Contact: _____

a. Position Title _____

b. Direct Phone Number (____) _____ Email _____

5. Authorized Pick-Up: _____

a. Position Title _____

b. Direct Phone Number (____) _____ Email _____

6. Authorized Pick-Up: _____

a. Position Title _____

b. Direct Phone Number (____) _____ Email _____

Please Note Additional Changes Below (changes in administration, changes to hours, etc.)
