REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK/FOOD BANK OF THE HUDSON VALLEY FAX ORDER FORM

Please use this form if you plan to fax in your order.

Please fax your order weekdays from 9:00 a.m. – 2:00 p.m., 2-5 business days before pick-up.

To fax to Latham for a Latham pick-up or for a delivery: 518-786-3004

To fax to Cornwall-on-Hudson: 845-534-5256

Program Name Name of Person Submitting Order Name of Person Picking Up Order		Program Number		
		Daytime Phone Fax		
		Phone Number of Person Picking Up Order		
Pick-Up Site		Pick-Up Date		
ITEM NUMBER		TEM DESCRIPTION tly and use extra sheets as needed. NUMBER OF CASES		
THIS ORD	ER WILL ONLY BE PROC	CESSED IF THE ABOVE INI	FORMATION IS	COMPLETE