



# Alberta Food Banks

*Together We Are Stronger*



## Community and Collective Kitchen Support 2011 Application For Support

Kitchen Name: \_\_\_\_\_

<p><b>Primary Contact</b></p> <p>Name: _____</p> <p>Agency name (if applicable): _____</p> <p>Address: _____</p> <p>City/Town: _____ Postal Code: _____</p> <p>Phone: _____ Fax: _____</p> <p>*E-mail: _____</p>
<p><b>Secondary Contact</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City/Town: _____ Postal Code: _____</p> <p>Phone: _____ Fax: _____</p> <p>*E-mail: _____</p>

*\* Please note: The AFBNA will correspond by e-mail whenever possible to reduce expenses. Please inform the AFBNA office if you are in a situation where this is not possible. Thank-you!*

1. How often does your Kitchen meet? \_\_\_\_\_

2. Number of Cooks/Members: \_\_\_\_\_

3. Total number of people being cooked for (total # for all households): \_\_\_\_\_

### Alberta Food Banks

**Address**  
30-50 Bellerose Drive  
St. Albert, AB  
T8N 3L5

Phone: 866-251-2326 (Toll-Free)  
Phone: 780-459-6893  
Fax: 780-459-6347

**Internet**  
Email: [contact@afbna.ca](mailto:contact@afbna.ca)  
Web: [www.afbna.ca](http://www.afbna.ca)



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4. How many times has your Kitchen met and cooked together in the last twelve months? \_\_\_\_\_

5. Have you been supported by this program in previous years?  Yes  No

6. Would you like to receive recipes, aprons or other items from our kitchen supporters?

*(Contact the office for information on specific items available)*

Yes  No

If accepted for monetary support this year, please identify who the cheque should be made out to (Agency or Name of Individual):

\_\_\_\_\_

**Important Note: We can only provide monetary support to Registered Canadian Charities, so a Canadian registered charity # must be provided: \_\_\_\_\_**

Mailing Address for person above designated to receive cheques:

*(if different from primary and secondary Kitchen contacts)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For organizations running multiple Kitchens, an application form will be required for each group. This form may be photocopied to accommodate all participating Kitchens within your organization. Please contact the AFBNA office if you have any questions.

**Please return this form as soon as possible to the AFBNA office by mail or fax.**

Please call the office toll-free at if you have any questions about this program.

**We look forward to working with you!**

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