



PADS of Elgin
 1730 Berkley Street
 Elgin, IL 60123
 847-608-9744
 padsofelgin.org

Meal Donor Application

CONTACT INFORMATION	
Church/Company/Family name:	
Address:	
Contact Person Name:	
Email:	
Contact Person Telephone number:	
Preferred Day(s) of week to donate meal:	
Can you commit to providing a meal once a month for at least 6 months?	
Would your group also want to also serve meal?	

How did you about find out the meal donor program at PADS?

Why does you/organization want to donate meals to PADS?

Once you have completed this form either send it to:

- ✓ PADS of Elgin Volunteer Coordinator, Jill Sbarboro at jsbarboro@padsofelgin.org
- ✓ Mail it to PADS of Elgin 1730 Berkley Street, Elgin, IL 60123 attn: Jill

Please be aware that volunteer coordinator staff has limited office hours and will attempt to follow up within 7 days. If you do not hear back within that time please call 847-608-9744 x109.

For Office Use Only

Date Contacted _____ Email – Mail – Phone Confirmed 1st Meal Date _____
 On Meal Calendar Y N Emailed Calendar Y N