

York County Food Bank
Emergency Food Voucher Request Form

Date: _____ Voucher Partner Agency #: _____

Organization: _____ Contact Name: _____

Email: _____ Phone: _____

Would you like vouchers mailed or picked up (please circle)? Mailed Picked Up

The person above will be contacted by a YCFB staff member when the vouchers are ready to be picked up. Please give 3 days for processing.

Quantity of Vouchers Requested

- 10 vouchers \$100 20 vouchers \$200 30 vouchers \$300
 40 vouchers \$400 50 vouchers \$500 60 vouchers \$600

*Note: Vouchers must be ordered in sets of 10 and expire 60 days from date of issue

Payment Options: Check Enclosed Credit Card

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____ Verification Code (3 last digits on back of card) _____
SIGNATURE _____ DATE _____

Please return form and payment to:

York County Food Bank
254 West Princess Street
York, PA 17401
Or email: mariav@yorkfoodbank.org or fax: 717.843.3379

For office use:

Date Issued: _____ Voucher Numbers Issued: _____

YCFB Staff Issuing Vouchers: _____