



Drive to Feed Kids Donation Recipient Setup Form

3200 E. 2nd Street | Neosho | MO | 64850 | P: (417) 451-6111 | F: (417) 451-4515

The Donation Recipient Setup Form is required by Drive to Feed Kids to set up a charitable organization to begin receiving Drive to Feed Kids donations. Complete the following form with you and your charitable organization's information to begin setup. A W-9 form completed by the charitable organization is also required. Please submit your completed forms to marketing@nutrablend.net.

Please Note: Only two charitable organizations can be set up per quarter. The charitable organization must be a 501(c)3 nonprofit organization and supports feeding hungry children in the United States.

CUSTOMER COMPANY INFORMATION:

COMPANY NAME:

ADDRESS:

CITY: STATE: ZIP:

PHONE: EXT:

CUSTOMER CONTACT INFORMATION:

NAME: TITLE:

EMAIL: PHONE:

DONATION RECIPIENT INFORMATION:

COMPANY NAME:

ADDRESS:

CITY: STATE: ZIP:

PHONE: EXT:

DONATION RECIPIENT CONTACT INFORMATION:

NAME: **TITLE:**
EMAIL: **PHONE:**

SUBMIT THE W-9 FORM

To receive payment, the charitable organization must complete a W-9 form and submit to marketing@nutrablend.net. If you or the organization does not have a W-9 form, Drive to Feed Kids can provide a form to complete. Payments cannot be processed until we have received the charitable organization's completed and signed W-9 form.

Please Note: The business address that is entered on the W-9 form is where any payments made to the organization will be sent to.

ATTACHED **WILL SUBMIT**

I, _____, hereby attest that _____ is a 501(c)3 nonprofit organization that supports feeding hungry children in my local community and therefore is authorized to receive Drive to Feed Kids program funds.

CUSTOMER SIGNATURE: _____ **DATE:** _____

NUTRA BLEND SALES REPRESENTATIVE

PRIMARY CUSTOMER ACCOUNT NUMBER: **CRP ACCOUNT NUMBER (IF APPLICABLE):**
Please list the primary Nutra Blend customer account number. Please list the Customer Rewards Program account number.

ADDITIONAL CUSTOMER ACCOUNT NUMBERS (IF APPLICABLE):
Please list all additional Nutra Blend customer account numbers and locations that are associated with this DTFK account.

NB SALES REP SIGNATURE: _____ **DATE:** _____