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Shape **Local Hunger Relief Organization**  **$25.00**

*Food pantries, soup kitchens, shelters, and other organizations that directly serve Arkansans by providing food either prepared on-site or for personal use at home.*

Shape **Individual Hunger Advocates**  **$25.00**

*Individuals that are interested in hunger and nutrition related issues, but are not a part of a hunger relief organization.*

Shape**Statewide Programs**  **$125.00**

*Organizations that provide hunger/nutrition related services, research, education, outreach, and/or other advocacy to improve the status of food security in Arkansas.*

*organization.*

Shape **Individual Lifetime Membership**   **$200.00**

*Same as Individual Hunger Advocate level but does not expire.*

**ORGANIZATION INFORMATION**

***Please update any incorrect or missing information.***

**Organization Name**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Contact Name & Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Shape**Check here to opt-in to receiving Alliance Alerts & updates via text message.**

**Agency Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:** AR

**Zip: \_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_**

**Email**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hours of Operation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAYMENT INFORMATION**

* **Check enclosed** (payable to Arkansas Hunger Relief Alliance)

* **Credit Card:**

VISA Mastercard American Express Discover

**Credit Card #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Exp. Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CVV #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Billing Zip Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form with payment to:**

**Arkansas Hunger Relief Alliance – 200 W. Capitol Avenue, Ste 1300 – Little Rock, AR 72201**