Edible Food Recovery Annual Reporting Form Food Recovery Organizations & Services

organization Name:		to Titur 1 and Titur 2 hadinasses
Oonation received from: select which one applies)	••••••	
Quantity of Donated F	ood for the Previous Calendar	Year
Month	Pounds per month	Comments
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
Total		
☐ No donation quantitie	donation quantities have not so from Feeding San Diego or the San so from Federal programs or equipment needed that will help in	



Title:

_____ Contact (Phone or Email):_____