



Partner Agency Information Update

Date _____

Please keep CAFB updated on changes to your agency's address, contact information or personnel changes. Failure to keep contact information up to date can jeopardize your continued partnership with CAFB. Your cooperation is greatly appreciated. If you have multiple programs with different account numbers, please duplicate this form.

Agency Name _____ Account Number _____
(Complete name, no acronyms, please)

Pantry/Program Name _____

Executive Director _____ Email _____

Agency Contact _____ Title _____
(Person who orders food)

Cell Phone Number _____ Email _____

Agency Physical Address _____

City/State _____ Zip Code _____

Telephone () _____ Fax () _____

Volunteer Coordinator _____

Email _____ Cell _____

Hours of Operation _____

(CAFB minimum requirement: Must be open two days a month for a minimum of two hours each day)

Billing Information

Accounts Payable Contact _____ Email _____

Billing Address _____

City/State _____ Zip Code _____

Telephone () _____ Fax () _____

Please send all correspondence to: Capital Area Food Bank, 8201 S. Congress, Austin, TX, 78745
Email: agencies@austinfoodbank.org Fax: (512)282-6606

CAFB Internal Use
Staff Making Update: