**P RK**

**POWER**

**Partnering to Fight Hunger in Illinois**

***Contact IPPA office prior to processing to ensure funds are available.***

# DONOR INFORMATION

Date of Delivery Farm Name Contact Person

Address

City/State/Zip Phone Email

Total # swine donated Estimated or actual total live weight

Signature

# MEAT PROCESSOR USE ONLY

Processing Plant Contact Person & City Authorized signature Date

***Donated Hogs Information (completed by Processor)***

# Market Hogs # Sows

Carcass Weight Carcass Weight

Trim Weight Trim Weight

Total Carcass Weight of Donated Swine X $.85/lb = Total Amount of Donated Pork

# FOODBANK INFORMATION

Name of Foodbank Contact Person Phone Number Email

**RETURN COMPLETED FORM TO** **KIM@ILPORK.COM**