



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 _____ Carcass Weight _____ Trim Weight _____

Sows _____ Carcass 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