



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 \$.65/lb = _____

Total Amount of Donated Pork _____

Foodbank Information

Name of Foodbank _____

Contact Person _____ Phone Number _____ Email _____

Return form to Katlyn@ILPork.com or fax 217-529-1771

