



# 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 COMPLETED FORM TO [KIM@ILPORK.COM](mailto:KIM@ILPORK.COM)