Community Disaster Assistance Network

American Red Cross of North Central Florida Membership Form

Business Name: _____

Contact Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Fax: _____

Count Me In!

When disaster strikes in our community, I may be able to help with: (Check all that apply)

FOOD

- ☐ Hot ☐ Cold Breakfasts
- ☐ Hot ☐ Cold Lunches
- ☐ Hot ☐ Cold Dinners
- ☐ Wrapped Individual-Serving Size Snacks (Examples: Chips, Crackers, Cookies, Granola Bars, etc.)

BEVERAGES

- ☐ Individual-Serving Size Bottled Beverages (Examples: Water, Gator/Powerade, Ice)

OTHER

- ☐ Paper/Plastic Plates, Cups, Cutlery, Napkins
- ☐ Baby Items: Formula, Diapers, Wipes, Food
- ☐ First Aid Items (Tylenol, Tums, etc.)
- ☐ Home Clean-Up, Repair Items
- ☐ Temporary Warehousing/Trucking Services
- ☐ Gift Certificates or Discounts
- ☐ Monetary Donation Enclosed

Brief Description & Quantities

American Red Cross