



# Alternative Gifts International

## Pantry or Shelter Nomination Form

**DATE**

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**AGENCY to be Nominated:**

Agency Name:

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What year did the agency become 501 (c)(3) ?

How many people do they serve on average per week? \_\_\_\_\_ Month? \_\_\_\_\_

Mailing address:

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City/State/ZIP

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Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Please include brochures & current financial statements (budget, income & expense).*

**COMMENTS:**

**Nominated by:**  Check here if it a self-nomination by agency staff or volunteer.

AGM Hosting organization \_\_\_\_\_

Contact Name \_\_\_\_\_

Mailing address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Email To : [AGI@alternativegifts.org](mailto:AGI@alternativegifts.org); or mail to AGI. PO Box 3810, Wichita, KS 67201