



Fighting Hunger. Giving Hope.

# Agency I.D. Card Request Form

Account Number \_\_\_\_\_

Agency Name \_\_\_\_\_

Reason(s) for requesting new I.D. Cards: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to request \_\_\_\_\_ Identification Card(s) for my agency. I understand that there will be a \$5.00 fee per card charged to my next invoice.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

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