



## Beneficiary Report 2017

How did your organization benefit from last year's Walk Against Hunger?

### Please complete the form below:

Full Legal Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

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

Executive Director \_\_\_\_\_ Phone \_\_\_\_\_

Primary Team Leader Name \_\_\_\_\_ Phone \_\_\_\_\_

Amount of money raised through the 2017 Walk Against Hunger: \$ \_\_\_\_\_

Number of people served by your program: \_\_\_\_\_

**How did your program use the money you raised through the 2017 Walk Against Hunger?** (Please provide as much detail as possible.)

**Did your feeding program have any difficulty receiving its Walk money from the larger agency any time during this year?** Yes No

If "Yes", please explain what happened and how this will be prevented in the future:

**If your agency has not spent all (or any) of your 2017 Walk money to date, what will the money will be used for and when will it be used by?**

### Signatures of Authorized Officials:

Signatures below indicate that the information provided above is accurate.

\_\_\_\_\_  
Executive Director / Senior Clergy (or other Chief Executive Officer) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Team Leader \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Feeding Program Coordinator \_\_\_\_\_ Date \_\_\_\_\_