CLAYTON A/G FOOD PANTRY FORM

Name: _____
LIST ALL ADULTS LIVING IN HOUSEHOLD

PHYSICAL Address: _____
_____

Telephone: _____

Numer in Household: _____

Estimated Monthly Income: $_____

Today's Date: _____

DESIRED ITEMS (PLEASE NOTE, WE WILL DO OUR BEST TO HONOR YOUR REQUEST, HOWEVER, IT WILL DEPEND ON OUR CURRENT INVENTORY)

SELECT A MAXIMUM OF 6 CATEGORIES

PLEASE LIST ANY KNOWN FOOD ALLERGIES (NOT PREFERENCES, BUT ACTUAL ALLERGIES)

_____

MARK AN "X" IF DESIRED	ITEM CATEGORY	NOTES (FOR USE BY CHURCH PERSONNEL)
_____	VEGETABLES	
_____	SOUPS	
_____	PASTA/POTATOES/STUFFING	
_____	DESSERT ITEMS	
_____	BEANS/RICE (BAGGED)	
_____	SNACK ITEMS	
_____	SAUCES/DRESSINGS/CONDIMENTS	
_____	COFFEE ITEMS	
_____	POWDERED DRINKS	
_____	SPICES	
_____	SYRUP/JELLY/PEANUT BUTTER	
_____	CANNED MEATS	
_____	BAKING MIX/BAKING ITEMS	
_____	BREAKFAST ITEMS	
_____	BOXED DINNERS	

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