

Number of Adults: _____

Family Total: _____

Children's Ages: _____

Date: _____

DIETARY NEEDS: Circle all that apply: Gluten Free Organic Vegetarian Allergies: _____

(Please check below all non-perishable food items you would like if available)

COFFEE/TEA/HOT COCOA

- ___ Coffee (circle choices)
- Regular / Decaf
- Keurig / Whole beans
- ___ Tea
- Regular or Decaf (circle one)
- ___ Hot Cocoa

JUICE/JUICE BOXES

- ___ Apple or Grape (circle one)
- ___ Cran-Grape
- ___ Fruit Punch

FRUIT/FRUIT CUPS

- ___ Applesauce
- ___ Cranberry Sauce
- ___ Mandarin Oranges
- ___ Mixed Fruit
- ___ Peaches
- ___ Pears
- ___ Pineapples

CANNED PASTA

- ___ Ravioli (or like)
- ___ Spaghetti Os (or like)

BEANS (canned)

- ___ Chick Peas
- ___ Baked Beans
- ___ Black Beans
- ___ Kidney Beans
- ___ White Beans
- ___ Chili

CANNED MEAT

- ___ Chicken
- ___ Tuna
- ___ Beef Stew
- ___ SPAM
- ___ Vienna Sausages
- ___ Sardines
- ___ Clams

VEGETABLES (canned)

- ___ Beets
- ___ Carrots
- ___ Corn or ___ Creamed Corn
- ___ Green Beans
- ___ Mixed Vegetables
- ___ Peas
- ___ Spinach
- ___ Canned Potatoes/YAMS

SOUP (canned)

- ___ Beef Vegetable
- ___ Chicken Noodle
- ___ Chicken Rice
- ___ Clam Chowder
- ___ Cream of _____
- ___ Minestrone
- ___ Tomato
- ___ Vegetable
- ___ Chicken/Beef Broth

SIDE DISHES

- ___ Beans (dried)
- ___ Instant Potatoes
- ___ Pasta Sides
- ___ Quinoa
- ___ Ramen Noodles
- ___ Rice (Brown)
- ___ Rice (White)
- ___ Rice Sides
- ___ Stuffing Mix

CEREAL

- ___ Cheerios (any kind)
- ___ Chex (any kind)
- ___ Cornflakes
- ___ Raisin Bran
- ___ Rice Krispies
- ___ Shredded Wheat
- ___ Total
- ___ Cocoa Puffs / Fruit Loops / Lucky Charms
- ___ Granola

HOT CEREAL

- ___ Cream of Wheat
- ___ Instant Oatmeal (flavored)
- ___ Instant Oatmeal (regular)
- ___ Oatmeal (canister)

MACARONI & CHEESE

- ___ Annie's or Kraft (circle one)

PASTA

- ___ Elbow Macaroni
- ___ Spaghetti (or like)
- ___ Ziti (or like)
- ___ Lasagna Noodles
- ___ Egg Noodles

TOMATOES/TOMATO SAUCE

- ___ Tomato Sauce (with meat)
- ___ Tomato Sauce (w/o meat)
- ___ Tomatoes (canned)

BAKING NEEDS

- ___ Flour
- ___ Oil
- ___ Sugar
- ___ Pancake Mix/Maple Syrup
- ___ Biscuit/Muffin Mix
- ___ Jello/Pudding
- ___ Cake/brownie Mix

CONDIMENTS

- ___ Ketchup
- ___ Mustard
- ___ Relish
- ___ Mayonnaise
- ___ Salad Dressing
- ___ Black Olives
- ___ Mushrooms

OVER

FOOD PANTRY ASSISTANCE

ID Number: _____

Number of Adults: _____

Family Total: _____

Children's Ages: _____

Date: _____

DIETARY NEEDS: Circle all that apply: Gluten Free Organic Vegetarian Allergies: _____

(Please check below all non-perishable food items you would like if available)

PEANUT BUTTER & JELLY

____ Jelly (flavor) _____

____ Peanut Butter (crunchy)

____ Peanut Butter (smooth)

BIRTHDAY CAKE KITS

____ No, I do not want to receive kits

____ Yes, I would like to receive birthday cake kits. *Please write the date of the birthday next to the month below:

SNACKS

____ Crackers

____ Granola Bars

TOILETRIES

____ Shampoo & Conditioner

____ Soap-Bar

____ Toothbrush

____ Toothpaste

____ Shaving Cream

____ Deodorant-women

____ Deodorant-men

January _____

February _____

March _____

April _____

May _____

June _____

July _____

August _____

September _____

October _____

November _____

December _____

PAPER GOODS

____ Paper Towels

____ Tissues

____ Toilet Paper

CLEANING PRODUCTS

____ Dish Detergent

____ Laundry Detergent

PET FOOD

____ Dog

____ Cat

____ Wet

____ Dry