



KLS COMMUNITY FOOD PANTRY GUEST ORDER FORM

Our volunteers will try to fill your requests as much as possible.
Availability is dependent on the time of year and supply and demand.

First & Last Name _____ Phone _____ Town _____

Return Visit ___ **First Time Visit**__ (If this is your first visit, please ask for new client form.)

_____ Total number of People in Household

_____ Children (Under 18) # _____ Adults (under 59) # _____ Sr Citizens (over 60)

Dietary Restrictions _____ Microwave Only _____

<p>Meat (limit 3)</p> <input type="checkbox"/> chicken <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> ground beef <input type="checkbox"/> hot dogs <input type="checkbox"/> shrimp <input type="checkbox"/> sliced ham <input type="checkbox"/> breaded fish <p>Dairy</p> <input type="checkbox"/> eggs <input type="checkbox"/> milk <input type="checkbox"/> butter <input type="checkbox"/> yogurt <p>Cheese (choose 2)</p> <input type="checkbox"/> sliced <input type="checkbox"/> block <input type="checkbox"/> cottage <input type="checkbox"/> shredded cheddar <p>Bread</p> <input type="checkbox"/> White OR <input type="checkbox"/> Wheat <input type="checkbox"/> Blue Loon <input type="checkbox"/> Pastries <input type="checkbox"/> snack pack school-age children <input type="checkbox"/> summer student bag _____how many school age children?	<p>Condiments</p> <input type="checkbox"/> peanut butter <input type="checkbox"/> jelly <input type="checkbox"/> mustard _____yellow _____brown <input type="checkbox"/> ketchup <input type="checkbox"/> mayo <p>Coffee</p> <input type="checkbox"/> regular <input type="checkbox"/> decaf <input type="checkbox"/> instant regular <input type="checkbox"/> instant decaf <p>Tea</p> <input type="checkbox"/> regular <input type="checkbox"/> decaf <input type="checkbox"/> juice <p>Boost/Ensure (for seniors)</p> <input type="checkbox"/> <p>Produce</p> <input type="checkbox"/> lettuce <input type="checkbox"/> carrots <input type="checkbox"/> onions <input type="checkbox"/> potatoes <input type="checkbox"/> squash <input type="checkbox"/> tomatoes <input type="checkbox"/> cucumbers <input type="checkbox"/> apples <input type="checkbox"/> zucchini <input type="checkbox"/> peppers	<p>Canned Goods</p> <input type="checkbox"/> fruit <input type="checkbox"/> vegetables <input type="checkbox"/> soup <input type="checkbox"/> baked beans <input type="checkbox"/> garbanzo beans <input type="checkbox"/> black beans <input type="checkbox"/> diced tomatoes <input type="checkbox"/> pasta sauce <input type="checkbox"/> pasta <input type="checkbox"/> macaroni <input type="checkbox"/> mac & cheese <input type="checkbox"/> lentil beans <input type="checkbox"/> dry split peas <input type="checkbox"/> dry kidney beans <input type="checkbox"/> rice - white <input type="checkbox"/> rice - brown <input type="checkbox"/> salmon <input type="checkbox"/> tuna fish <input type="checkbox"/> chicken <input type="checkbox"/> crackers <input type="checkbox"/> cereal <input type="checkbox"/> shelf milk <p>Snacks</p> <input type="checkbox"/> walnuts <input type="checkbox"/> almonds	<p>Miscellaneous</p> <input type="checkbox"/> toilet paper <input type="checkbox"/> dish soap <input type="checkbox"/> diapers size _____ <input type="checkbox"/> baby food <p>Pet Food</p> <input type="checkbox"/> dog <input type="checkbox"/> dry <input type="checkbox"/> cat <input type="checkbox"/> dry <input type="checkbox"/> wet <p><input type="checkbox"/> Laundry strips once a month</p> <p>Description of vehicle</p> <p>_____</p> <p>_____</p>
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