

NAME: _____

FAMILY SIZE: _____

PHONE #: _____

Email: _____

CHECK OR CIRCLE ITEMS REQUESTED

WEEK 1 - COFFEE

WEEK 2 - HYGIENE

WEEK 3 - CEREAL

WEEK 4 - SNACK

DEPENDS **S** **M** **XLG**

MENS WOMEN

BREAD _____

DESSERTS _____

CAN VEG **CAN FRUITS**

MIXED VEG PEACHES

GRN BEANS PINEAPPLE

PEAS PEARS RAISINS

CARROTS APPLESAUCE

CORN MANDARIN ORG.

FRUIT COCKTAIL

SOUPS

CH. NOODLE TOMATO BEEF

VEGETABLE RAMEN NOODLES

PASTA **CONDIMENTS**

SPAGHETTI KETCHUP

ELBOWS MUSTARD

EGG NOODLES MAYO

PASTA SAUCE JELLY

TOM. SAUCE PNT. BUTTER

CANNED TOM.

CANNED MEATS

TUNA CHICKEN SALMON

BEEF STEW PORK

MILK

WHOLE 1% 2% POWDR

TEA

RICE WHITE BROWN

LENTILS

CANNED BEANS BAKED

RED KIDNEY BLACK

CHICKPEAS PINTO

CEREAL

COLD HOT

SIDES

DRY POTATO FLAKES

PASTA OR RICE SIDES

HMBG. HELPER

RICE PILAF MAC & CHEESE

RAVIOLI

SP. & MEATBALLS

FRESH VEGETABLES AND FRUIT

WRITE IN YOUR REQUEST

FLOUR SUGAR SYRUP

VEG OIL PANCAKE CAKE MIX

DELI

EGGS BUTTER CHEESE

MEATS (FROZEN)

STEAK HAMBURG CHICKEN

DEER PORK

WEEKLY SPECIALS _____

DELI _____

TOILET PAPER