

## W&B McCray Foundation Food Pantry Information Sheet

\*\*\*Please complete the information below. Email, scan or text the form as soon as possible.

*Name:	
Address:	
*Family Size:	
*Number of Children:	
Ages Of All Children:	
*Known Allergies:	
Number of Adults:	
*Known Allergies:	
*Any Food That Your Family Will NOT Consume? <i>(Dietary Restrictions)</i>	
*Are There Any Foods That The Family Particularly Wants?	
*Are There Non-Food Items That the Family Needs (i.e., bathroom tissue, laundry or dish soap)	
<b>Do you have the following:</b> (animals that need food, food storage, electricity, or transportation to pick up food):	