

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? (Dietary Restrictions)	
* 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)	
Do you have the following: (animals that need food, food storage, electricity, or transportation to pick up food):	