

FOR DELIVERY ON _____
 NAME _____
 NEW CLIENT? Yes No
 FAMILY SIZE _____ KIDS Yes No
 PHONE _____
 ADDRESS: _____

Would you like a reminder call on the date of your delivery?

Yes No



Now delivering the SECOND WEDNESDAY OF THE MONTH

Diabetic Gluten Free Vegetarian

Food Preferences

FRESH PRODUCE

___ Vegetable Varieties
 ___ Fruit Varieties
 ___ Bag Salad Kit
 ___ Onions
 ___ Potatoes

CANNED VEGETABLES (PICK UP TO 5)

___ Green beans
 ___ Peas
 ___ Carrots
 ___ Corn
 ___ Diced tomatoes
 ___ Mixed Vegetables
 ___ Tomato Sauce
 ___ Sliced Potatoes
 ___ Instant Potatoes

CANNED FRUIT (PICK UP TO 5)

___ Peaches
 ___ Pears
 ___ Applesauce
 ___ Mandarin oranges
 ___ Mixed fruit
 ___ 100% Juice (Apple, Fruit Punch)

GRAINS

___ White rice
 ___ Brown rice
 ___ Pastas (Long, Elbow, Other)
 ___ Cereal
 ___ Oatmeal

PROTEINS

___ Black Beans
 ___ Garbanzo Beans
 ___ Kidney Beans
 ___ Peanut Butter
 ___ Dried Pinto Beans
 ___ Dried Black Beans
 ___ Canned Meat (Tuna, Chicken)

FROZEN MEAT (PICK 2)

___ Chicken
 ___ Ground Beef
 ___ Fish ___ Pork
 ___ Non-Meat

Full Table Meal Kit

COOKING

(PICK UP TO 4)
 ___ Ketchup
 ___ Mustard
 ___ Jelly/Jam
 ___ Salad Dressing (Ranch, Italian)
 ___ Cream of Mushroom
 ___ Cream of Chicken
 ___ Chicken Broth
 ___ Pasta Sauce
 ___ Soy Sauce
 ___ Sloppy Joe Sauce

BAKING

(PICK UP TO 3)
 ___ Flour (All Purpose, Corn Masa)
 ___ Vegetable Oil
 ___ Pancake Mix
 ___ Pancake Syrup
 ___ Baking Mix

SNACKS/BEVERAGES

___ Crackers
 ___ Granola Bars
 ___ Coffee (Pods, Ground, Decaf)
 ___ Tea
 ___ Carbonated Drinks

BOXED/CANNED MEALS (PICK UP TO 4)

___ Hearty Soups
 ___ Vegetable Soup
 ___ Chicken Noodle Soup
 ___ Tomato Soup
 ___ Beef Soup
 ___ Canned Pasta
 ___ Hamburger Helper
 ___ Macaroni & Cheese
 ___ Refried Beans
 ___ Baked Beans

DAIRY

___ 1/2 Gallon Milk
 ___ Margarine
 ___ Cheese
 ___ Eggs

BREAD

___ Sweet
 ___ Sliced ___ Buns
 ___ Tortillas

BABY

___ Diapers (Size ___)
 ___ Jars of Baby Food
 ___ Formula
 ___ Baby Cereal

PERSONAL CARE (PICK UP TO 3)

___ Shampoo
 ___ Deodorant (Men, Women)
 ___ Toothpaste
 ___ Toothbrush
 ___ Bar Soap
 ___ Body Wash
 ___ Feminine Hygiene
 ___ Depends (size ___)

HOUSEHOLD (PICK UP TO 3)

___ Dish Soap
 ___ All Purpose Cleaner
 ___ Laundry Detergent
 ___ Toilet Paper
 ___ Paper Towels

PET FOOD

___ Cat ___ Dog

OTHER