



Household Size 6+

*Keep this list available at order time. April 2024

Phone order day of delivery 9-10 am. Food delivery noon-2pm.

Dietary restrictions/preferences/allergies

Whole Vegetables: potatoes, onions, beets, carrots _____

12 pounds

Whole Fruits: apples, oranges, pears _____

Pet Food limited availability, up to 2 pets

Cat: Dry or Wet Dog: Dry or Wet

Canned Fruit (Choose 3)

___ Peaches ___ Pears

Canned Vegetables (Choose 4)

___ Green Beans

___ Corn

___ Peas

Canned Tomatoes (Choose 2)

___ Tomato/Pasta Sauce

___ Diced Tomatoes

Beans (Choose 3)

___ Black Beans

___ Lentils

___ Garbanzo Beans

___ Dry Beans

___ Kidney Beans

Other Protein (Choose 3)

___ Peanut Butter

___ Canned Tuna

___ Canned Chicken

___ Sardines

Hygiene Items As available

Limit 1

Baby Food/Supplies As available/child

Personal Care Items (1 Choice)

As Available

___ Paper Towels

___ Other

Toilet Paper _____

Refrigerated (Close Dated, Limited Options)

1 dozen Eggs

Pre-cut Veggies/Fruit

___ 1% Milk

Deli Salad _____

Sandwich/M meal

___ Near Expiration Milk

Salad Mix

___ Margarine

Yogurt _____

Frozen Vegetables Choose 1

___ Corn

___ Green Beans

Frozen Protein Choose 3 different

Chicken _____

Beef _____

Pork _____

Plant Based

Other request _____

Bread (Variety Changes Daily)

Dinner rolls, hamburger buns, brat buns, sliced wheat, sliced white, other _____

Grain (choose 2)
<input type="checkbox"/> Spaghetti/Noodle <input type="checkbox"/> Brown/White Rice <input type="checkbox"/> Oats <input type="checkbox"/> Cereal
Baking Staples (Choose 1)
<input type="checkbox"/> Oil <input type="checkbox"/> Flour
Cooking/Baking (Choose 3)
<input type="checkbox"/> Salad Dressing <input type="checkbox"/> Pancake Mix <input type="checkbox"/> _____ <input type="checkbox"/> Pancake Syrup <input type="checkbox"/> Jelly <input type="checkbox"/> Broth
Soups/Quick Meals (Choose 4)
<input type="checkbox"/> Condensed Soup (Chicken Noodle, Cream of _____) <input type="checkbox"/> Ready to eat (ie: Ravioli, soup) <input type="checkbox"/> _____ <input type="checkbox"/> Refried Beans
Meal Sides (Choose 3)
<input type="checkbox"/> Mac & Cheese <input type="checkbox"/> Rice Side <input type="checkbox"/> Instant Potatoes

Baked Goods - As Available Yes or No? (What do you prefer?) _____
Beverage 1 choice What do you prefer? _____
Snack 1 choice Salty or Sweet? _____
Would you like close dated refrigerator food as available? (Such as deli items/precut veggies) Yes or No? _____ _____ Something not listed? _____

Keep this to help place your phone order (9-10am day of delivery)

Day/Date: _____

Name: _____ Phone Number _____

Address _____

Can you meet in the lobby/at door and carry your own groceries? Yes/No