

Alternate Shopper Authorization

First Name: _____

Last Name: _____

Address: _____

Telephone: _____

Date of Birth: _____

Consumer ID #: _____
(green Food Pantry card)

I grant _____ permission to pick-up my monthly Food Pantry Distribution.
(individual or agency)

Signature: _____

If someone is picking up on your behalf, please let us know your preferences and when they are picking up in advance and we will do our best to have things ready. Email pantry@amherstsurvival.org

Please be aware that the Food Pantry distributions are large and will include approximately 2-3 boxes per every 4 individuals in the household. You must take your whole Food Pantry Distribution with you.

In order to reduce the risk of spreading COVID-19 for shoppers, volunteers and staff, we are giving out pre-assembled boxes of a variety of non-perishable groceries. You will also receive perishable items such as milk, eggs, cheese, produce and frozen meat.

Distribution Preferences

Dietary Restrictions: Vegetarian/ Gluten-Free/ Dairy-Free/ Nut-Free
(Circle those that apply)

Frozen protein(s) you prefer: Chicken/ Turkey/ Beef/ Pork/ Fish/ Vegetarian
(Circle those that apply)

Menstrual Products: How many people in your household need this product? _____
Pads/ Tampons
(Circle those that apply)

Diapers: How many people in your household need this product? _____
Size(s) _____

Incontinence Products: Bladder Pads OR Adult Briefs
Gender _____ Size(s) _____

Incontinence Bed Pads: Yes or No

Cat Food: # cats _____

Dog Food: # dogs _____

Any special needs/ requests? _____