Amherst
SURVIVAL CENTER

Amherst Survival Center - Alternate Pantry Shopper Authorization

(Staff use only) **CASE ID**: _____

Full Name: _____

Address: _____ Town: _____ Zip Code: _____

Date of Birth *(MM/DD/YYYY)*: _____ / _____ / _____

Telephone: (_____) - _____ - _____ Email: _____

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

If someone is picking up on your behalf, please let them know your preferences ahead of time. Please inform your alternate shopper if you need pet food, menstrual products, incontinence products, and/or diapers.

Print Name: _____ Date: _____

Signature: _____