

MFN Food Security Program

Date: _____ Delivery or Pick-up

Name: _____ # of children _____ #of adults _____

Address: _____

Note: These forms must be handed in before or on Wednesday we will not accept them on Thursday
Please remember that if the item you requested isn't in your food box it's because we didn't have in stock*

<p>Cereals (1 only): Cold Cereal Porridge Pancake Mix Cream of Wheat</p> <p>Breads(1 only): White Bread Brown Bread Flour</p>	<p>Meats(2 choices): Hamburger Chicken Breakfast sausage bacon</p> <p>Canned Meats(1 only): Tuna Salmon Chicken</p>
<p>Pasta or Rice (1 only): Macaroni Rotini Spaghetti Lasagna Rice</p>	<p>Dairy Products(2 only): Canned Milk Powder Milk Cheese slices egg</p> <p>Butter(will only be given every 2nd week)</p>
<p>Canned Soups(3 only): Mushroom Chicken Noodle Tomato</p>	<p>Canned Vegetables: Green Beans(big cans only), Yellow Frozen vegetables(if in stock)</p>
<p>Other Canned Products: Kidney Beans or Tomato paste Spaghetti Sauce or Diced tomatoes Canned Chickpeas or</p> <p>Other Products(3 items only): White sugar Brown sugar Peanut butter Pancake syrup Coffee/Instant Coffee Crackers Ketchup Mustard</p> <p>Jam(will only be given 1/once a month as they come in bulk size)</p>	<p>For children only(3 choices):</p> <p>Kraft dinner Fruit cups Pudding Goldfish crackers</p> <p>Diapers(size 1, 2, 3,4, 5)</p>
<p>Cleaning Supplies(these items will only be given every 2nd month as they are in bulk size) Dish Soap Javex</p> <p>Other(will be given when needed): Toilet paper</p>	<p>Hygiene Products(these will be given if in stock): Pads Tampons</p> <p>These will only be given out every 3rd month: Tooth brush Tooth paste Deodorant</p>