



West Deerfield Township Food Pantry Registration

Date: _____

Name: _____

Address: _____ City: _____

Phone: _____ Email: _____

How many people in your household? _____

Ages/gender of children: _____

How long have you lived at this address? _____

Proof of Residency _____ Proof of household members _____

Household income for past 30 days: \$ _____

Volunteers work hard to sort and date food items. We also try to accommodate special dietary needs. Items may be distributed on occasion that have slipped through our "check-point".

"I understand that when I accept food and household items from the WDT Food Pantry that it is my responsibility to check for expiration dates and any possible food allergies. I acknowledge that this need-based food resource is made available ONLY to me and my immediate household members. *Distribution of items to others or returning items to a retail grocery store for cash may result in immediate termination.*"

Signature: _____

WEST DEERFIELD TOWNSHIP

FOOD PANTRY CLIENTS

Food Pick-up Dates

1st Thursday of the month—Singles and Seniors

2nd pick up for Families

Time: 1pm-4pm

3rd Thursday of the month—Families

Time: 1pm-4pm

- Please stop upstairs first to check in.
- Help yourself to bread.
- Come downstairs and pick up your pre-packed food.
- Please bring carts downstairs if available.
- Call (847)945-0614 with any questions.

PLEASE UNDERSTAND THAT IF YOU DO NOT PICK UP YOUR FOOD WITHIN ONE WEEK, IT WILL BE DISTRIBUTED TO OTHERS; GIFT CARDS DO NOT ACCUMULATE AND MUST BE CLAIMED WITH THAT SAME WEEK, TOO.