PATRICIA HALEY CHARITY

FOOD GIVEAWAY
REGISTRATION FORM

Please print clearly. Complete one form per household.

1 CONTACT INFORMATION

Full name: _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Telephone number: _____ Date: _____

2 FAMILY INFORMATION

Number of people in your family (including you): _____

Number of children under age 18: _____

Number of children with disabilities (optional): _____

3 OPTIONAL HOUSEHOLD DETAILS

Does your household include any of the following?

	Yes	No	Prefer not to say
Veteran	☐	☐	☐
Senior citizen	☐	☐	☐
Person with a disability	☐	☐	☐

4 THINGS YOU WANT US TO KNOW

Food allergies, dietary needs, help carrying food, or other requests.

_____

_____

_____

_____

Need help with this form? Please ask a volunteer.
Questions? Call 844-944-3198