

JFS Pantry Order Form

Please select the items and quantities your family is in need of and provide your contact information so that we can deliver to you. Thank you!

Name: _____

Address: _____

City _____ State _____

Phone: _____ Email: _____

Please note, sometimes we are unable to fulfill items according to your stated preference. In this case, may we make substitutions? Yes No

Please let us know if you have any of these food allergies or dietary needs, and we will do our best to accommodate you as we select your items:

Low Sodium: Yes Gluten Free: Yes

If other, please specify: _____

When filling out this form, please check next to the item you want, then indicate the quantity you need. When doing so, please note the quantity limit indicated by the number in parenthesis.

For some items, we're happy to be able to offer you a variety of options which are listed below the item (e.g., *corn, carrots...*). In this case, please specify your choices by writing out them on the "preference" line(s) within each category. Thank you for your understanding that for those items which don't have options listed for them we will give you what we have available.

Canned/Jar Goods:

Soup (3): _____ Beans (4): _____ Spaghetti Sauce (1): _____

Fruit (3): _____ Tomatoes (3): _____ Vegetables (4): _____
(*crushed, diced, sauce*) (*corn, green beans, carrot, peas*)

Tuna (4): _____

Preference: _____

Dry Goods:

Rice (3): _____
(white, brown)

Flour (2): _____

Pasta (5): _____
(elbow mac, spaghetti, rotini, egg noodles)

Cake Mix (2): _____
(Yellow, Chocolate)

Cereal (3): _____

Matza (2): _____
(crackers, farfel, balls)

Preference: _____

Snacks:

Jello Mix (3): _____

Crackers (2): _____

Pudding Mix (3): _____

Chips (1): _____

Cookies (1): _____

Popcorn (2): _____

Preference: _____

Condiments:

Ketchup (1): _____

Peanut Butter (3): _____

Vinegar (2): _____

Mustard (1): _____

Jelly (3): _____

Oil (2): _____

Mayo (1): _____

BBQ Sauce (2): _____

Preference: _____

Beverages:

Almond Milk (2): _____ Tea (2): _____ Coffee (2): _____
(regular, decaf.)

Preference: _____

Freezer:

Cheese (4): _____ Frozen Items (2): _____ Meat (2): _____
(sandwich, chicken, beef, hot dog)

Preference: _____

Household:

dish soap (1): _____ paper towels (3): _____ household cleaner (1): _____
liquid hand soap (3): _____ toilet paper (4): _____ laundry detergent (1): _____
foil (2): _____ Ziplock bags (3): _____
(sandwich, pint, quart)

Preference: _____

Hygiene:

bar soap (3): _____ shampoo (3): _____ Adult underwear (10): _____
(S-XXL)
body wash (1): _____ conditioner (3): _____ feminine products (10): _____
(pads, tampons)

Preference: _____