Grocery Shopping List

Resident Name _____

Resident Location _____

Resident Phone # _____

If you need a specific name brand please note it below, however, the store may not have it.

******NOTE if you are requesting items due to allergies, health, etc. and the specific product is not available, we will NOT get anything.***

If you don't need a specific name brand, we will buy what they have.

ITEM ***Please print***	**QTY**	**BRAND** ***If you don't need a specific brand – leave this blank***	**SIZE**	**NOTES**

Have coupons? Put them in an envelope & attach to this form