Food Proxy Form

I _____(print name)

give _____(name)
permission to sign on my household's behalf:

_____ (date) until _____ (date).

Signature: _____

Date of Birth: _____

Phone Number: _____

Address:_____

Zip Code:_____

Number of Seniors:_____

Number of Adults:_____

Number of Kids:_____

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May Dugan Center Est. 1969