

North Kingstown Food Pantry



Office Use Only: HH ID# _____

REQUEST FOR HOLIDAY FOOD ASSISTANCE 2021

Thanksgiving: Yes, please No, thank you

Christmas: Yes, please No, thank you

Print Name: _____ **Family Size:** _____

Street Address: _____

Phone #: _____ **Email:** _____

I have not applied to any other organization for Holiday Food Assistance and I realize that providing false information will disqualify me from this program.

Signature: _____ **Date:** _____