

Meal Ministry

Person/Family in Need: _____

Address: _____ (Street)
_____ (Building or Apt Number)
_____ (City, State, Zip)

Best phone to reach you: _____

Email: _____

Any special delivery instructions:

Need delivered by what start date/time: _____

For how many people: _____

For how long: _____ days
_____ week(s)
_____ can't determine at this time

Any food allergies:

Any other information you want us to know:

Please put in Pat Watson's mail box at the church, call Pat or text via photo to 717- 979-0219 or email to pwatson4@verizon.net

Thank you!