

McGuffey Pantry Order Form



Date:	Parent Name:
Phone Number:	Student(s) Name:

Please list two potential dates/times for curbside pickup. A liaison will contact you with date/time confirmation once order form is received.

Date:	Time:
Date:	Time:

Please select from the following categories:

Examples:

<input type="radio"/> Canned Goods	Vegetables, Fruit, Soup, Sauce
<input type="radio"/> Grains/Pasta/Sides	Rice, Pasta, Macaroni & Cheese
<input type="radio"/> Breakfast	Cereal, Breakfast Bars
<input type="radio"/> Snacks	Crackers, Applesauce, Fruit Cups, Bagged Items
<input type="radio"/> Beverages	Canned/Dry Milk, Juice
<input type="radio"/> Personal Care	Toothpaste, Soap, Shampoo, Conditioner, Deodorant, Feminine Products
<input type="radio"/> Household	Dish Soap, Laundry Detergent, Cleaning Supplies

*Please note selected items may be out of stock and will be substituted with a similar item.

Please contact School Liaisons with any questions:

Rebecca Reed (330) 675-6980 x 5158

Antonio Reed (330) 675-6980 x 5127