



**THE HEIGHTS CDC  
FOOD PANTRY REFERRAL FORM  
2137 B AVENUE  
CHARLOTTE, NC 28216**

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**Number of People in the Household:** \_\_\_\_\_

**Dietary Restrictions:** \_\_\_\_\_

**The Heights CDC provides food for those in need by appointment only. The amount of food supplied is determined by family size. Please visit our site at [theheightscdc.org](http://theheightscdc.org) or call 704-621-8443 for more information. This referral form can be returned to:**

**The Heights CDC  
2137 B Avenue  
Charlotte, NC 28216**