

# **Unadilla Community Food Pantry Designation Act on My Behalf**

(please print)

I, \_\_\_\_\_ living at

\_\_\_\_\_ am unable to

come to the Unadilla Food Pantry myself to pick up food

and hereby do designate \_\_\_\_\_

to select foods monthly on my behalf.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Phone Number \_\_\_\_\_