SPOONS OF HOPE MINISTRY

MEAL REGISTRATION FORM - PAGE 1 OF 2

Feeding Bodies. Sharing Hope. Changing Lives.

PO Box 1415, Clute, Texas 77531 | 979.365.2126
spoonsofhopeministry@gmail.com | spoonsofhope.com

Please complete this form to register to participate in the Spoons of Hope Ministry meal program.

MEALS ARE AVAILABLE ON THE 1ST, 2ND, AND 3RD SATURDAYS OF EACH MONTH, FROM 1:30 PM-4:30 PM.

Once registered, a new menu will be texted to your cell phone number and posted on spoonsofhope.com
on Tuesdays during the weeks that meals are served. Text your meal order(s) to 979.365.2126 no later than 5:00 PM Thursday.

1. PARTICIPANT INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Phone Number: _____

Email Address: _____ Street Address: _____

City: _____ State: _____ ZIP Code: _____ **Preferred Method of Contact:**

☐ Phone ☐ Text ☐ Email

2. HOUSEHOLD INFORMATION

Number of people in your household: _____

Number of meals being requested: _____

Please select any that apply:

☐ Senior citizen, age 60+ ☐ Adult under age 60

☐ Low-income individual/family ☐ Experiencing homelessness

3. MEAL ORDER INFORMATION

This registration form is not used to place meal orders.

A menu is texted to your cell phone number and posted on
spoonsofhope.com on Tuesdays during service weeks.

Text your order(s) to 979.365.2126
no later than 5:00 PM Thursday.

4. DIETARY & ALLERGY INFORMATION

List food allergies, dietary restrictions, or foods to avoid:

5. VOLUNTARY SUGGESTED DONATION

Donations are voluntary. If unable to donate, you may still request a meal.

☐ Age 60 and older - $15 per meal

☐ Under age 60 - $20 per meal

Additional Donation: $ _____

Donation Method: ☐ Cash ☐ Check ☐ Card

☐ I am unable to donate or give anything for my meal.

No one is turned away due to an inability to donate.

Your generous donations help provide nutritious meals to seniors, individuals experiencing homelessness, low-income families, and anyone facing financial hardship - ensuring meals are received with dignity and hope.

Make checks payable to Spoons of Hope Ministry.

Cash App: $spoonsofhope | Venmo: @spoonsofhope | Debit/Credit: All major credit cards

Continue to Page 2.

SPOONS OF HOPE MINISTRY

MEAL REGISTRATION FORM - PAGE 2 OF 2

Feeding Bodies. Sharing Hope. Changing Lives.

PO Box 1415, Clute, Texas 77531 | 979.365.2126
spoonsofhopeministry@gmail.com | spoonsofhope.com

6. PICKUP INFORMATION

Name of person picking up the meal: _____ Pickup person's phone number: _____

☐ I will pick up my meal. ☐ Another person will pick up my meal. ☐ I need delivery assistance information.

Transportation or mobility assistance needed: _____

7. EMERGENCY CONTACT

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____

8. OPTIONAL MINISTRY ASSISTANCE

Please check any areas where you would like information or assistance:

☐ Prayer request ☐ Spiritual encouragement ☐ Grocery assistance information

☐ Community resource information ☐ Senior citizen resources ☐ Family assistance resources

☐ Volunteer opportunities

Prayer Request / Additional Comments: _____

☐ Please keep my prayer request confidential.

9. PARTICIPANT AGREEMENT

By signing below, I confirm that the information provided on this form is accurate.

I understand that menus are provided during the weeks meals are served; meal availability depends on available food, supplies, volunteers, and donations; and menu items may be substituted when necessary.

Participant's Printed Name: _____ **Signature (type full name):** _____

Date: _____

MINISTRY INFORMATION

PO Box 1415, Clute, Texas 77531
979.365.2126
spoonsofhopeministry@gmail.com
spoonsofhope.com

WAYS TO GIVE

Cash App: $spoonsofhope
Venmo: @spoonsofhope
Debit/Credit: All major cards
Checks: Spoons of Hope Ministry