

PANTRY SELECTION LIST (page 1)

Name: _____ P/U Date: _____ Bag # _____

CROSS THROUGH ANY ITEMS YOU DON'T WANT TO RECEIVE

We will do our best to fulfill your pantry choices based on availability.

Canned Vegetables: (max 4 each item)

People: 1-2 3-4 5-6

Items allowed per household: 8 10 12

<input type="checkbox"/>	Carrots
<input type="checkbox"/>	Corn
<input type="checkbox"/>	Green Beans
<input type="checkbox"/>	Mixed Vegetables
<input type="checkbox"/>	Peas
<input type="checkbox"/>	Potatoes
<input type="checkbox"/>	Sweet Potatoes/Yams
<input type="checkbox"/>	Tomatoes (Diced/Chopped)

TOTAL

Canned Fruits (max 4 each item)

People: 1-2 3-4 5-6

Items allowed per household: 4 6 8

<input type="checkbox"/>	Applesauce
<input type="checkbox"/>	Cranberries
<input type="checkbox"/>	Fruit Cocktail
<input type="checkbox"/>	Mandarin Oranges
<input type="checkbox"/>	Peaches
<input type="checkbox"/>	Pears
<input type="checkbox"/>	Pineapple

TOTAL

Soups & Sauces & Meal Makers (max 2 each item)

People: 1-2 3-4 5-6

Items allowed per household: 10 12 14

<input type="checkbox"/>	Chicken Broth
<input type="checkbox"/>	Alfredo Sauce (White)
<input type="checkbox"/>	Spaghetti Sauce (Red)
<input type="checkbox"/>	Gravy
<input type="checkbox"/>	Soup-Cream of Chicken
<input type="checkbox"/>	Soup-Cream of Mushroom
<input type="checkbox"/>	Soup-Chicken Noodle
<input type="checkbox"/>	Soup-Tomato
<input type="checkbox"/>	Soup-Vegetable
<input type="checkbox"/>	Tomato Paste
<input type="checkbox"/>	Tomato Sauce

TOTAL

Beans, Chili & Canned Meals (max 4 each item)

People: 1-2 3-4 5-6

Items allowed per household: 8 10 12

<input type="checkbox"/>	Baked Beans
<input type="checkbox"/>	Black Beans
<input type="checkbox"/>	Chili Beans
<input type="checkbox"/>	Chili NO Beans
<input type="checkbox"/>	Garbanzo Bean/Chick Peas
<input type="checkbox"/>	Kidney Beans
<input type="checkbox"/>	Northern/Cannellini Beans
<input type="checkbox"/>	Pinto Beans
<input type="checkbox"/>	Pork & Beans
<input type="checkbox"/>	Ravioli, Lasagna, Spaghetti O'hs

TOTAL

in Household: _____

Children under 12: _____

Children 12-18: _____

Adults 59+: _____

Special Dietary Requests:

_____ Low/No Salt

_____ Low/Sugar Free

_____ Gluten Free

_____ Vegan/Vegetarian

_____ Nut Allergies

_____ Dairy Allergies

Pasta, Potatoes, Rice (max 4 each item)

People: 1-2 3-4 5-6

Items: 10 12 14

<input type="checkbox"/>	Helper-Hamburger
<input type="checkbox"/>	Helper-Tuna
<input type="checkbox"/>	Mac & Cheese
<input type="checkbox"/>	Spaghetti
<input type="checkbox"/>	Penne, Elbow, Shells, Rotini
<input type="checkbox"/>	Bagged Flavored Pasta Sides
<input type="checkbox"/>	Ramen Noodles

<input type="checkbox"/>	Au Gratin/Scalloped Potatoes
<input type="checkbox"/>	Instant Potatoes (large box)
<input type="checkbox"/>	Instant Potatoes (pouch)

<input type="checkbox"/>	Instant Brown Rice
<input type="checkbox"/>	Instant White Rice
<input type="checkbox"/>	Beef Rice
<input type="checkbox"/>	Butter Rice
<input type="checkbox"/>	Cheddar Broccoli Rice
<input type="checkbox"/>	Chicken Rice
<input type="checkbox"/>	Dirty Rice
<input type="checkbox"/>	Jambalaya
<input type="checkbox"/>	Red Beans & Rice
<input type="checkbox"/>	Rice Pilaf
<input type="checkbox"/>	Spanish Rice

TOTAL

All selections are dependant on supplies available. Substitutions may be necessary.

8/21/2025

PANTRY SELECTION LIST (page2)

CROSS THROUGH ANY ITEMS YOU DON'T WANT TO RECEIVE

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Breakfast (max 2 each item)			
# People:	1-2	3-4	5-6
# Items allowed per household:	4	5	6
<input type="checkbox"/>	Bran Flakes		
<input type="checkbox"/>	Cinnamon Balance Squares (Cin Toast Cr.)		
<input type="checkbox"/>	Corn Flakes		
<input type="checkbox"/>	Corn Squares		
<input type="checkbox"/>	Crunch Granola Raisin Bran		
<input type="checkbox"/>	Crispy Rice (Rice Krispies)		
<input type="checkbox"/>	Honey Nut Crispy Oats (Honey Nut Cheerios)		
<input type="checkbox"/>	Honey Crunch 'n Oats Regular		
<input type="checkbox"/>	Honey Crunch 'n Oats w/ Almonds		
<input type="checkbox"/>	Honey Grahams		
<input type="checkbox"/>	Original Balance Squares (Toast Crunch)		
<input type="checkbox"/>	Raisin Bran		
<input type="checkbox"/>	Regular Crispy Oats (Cheerios)		
<input type="checkbox"/>	Rice Squares		
<input type="checkbox"/>	Shredded Wheat		
<input type="checkbox"/>	Shredded Wheat Frosted, Blueberry		
<input type="checkbox"/>	Shredded Wheat, Strawberry		
<input type="checkbox"/>	Instant Oat Meal, Variety Pack		
<input type="checkbox"/>	Instant Oatmeal, Maple Brown Sugar		
<input type="checkbox"/>			
<input type="checkbox"/>	Pancake Mix		
<input type="checkbox"/>	Pancake Syrup		
<input type="checkbox"/>			
<input type="checkbox"/>	Chewy Granola Bars, Assorted		
<input type="checkbox"/>	Chewy Granola Bars, Choc Chip		
<input type="checkbox"/>	Fruit & Grain Bars, Apple		
<input type="checkbox"/>	Fruit & Grain Bars, Blueberry		
<input type="checkbox"/>	Fruit & Grain Bars, Strawberry		
TOTAL			

Canned Meats & Large Soups (max 2 each item)			
# People:	1-2	3-4	5-6
# Items allowed per household:	6	6	7
<input type="checkbox"/>	Canned Chicken Breast		
<input type="checkbox"/>	Tuna (2 cans)		
<input type="checkbox"/>	Vienna Sausage		
<input type="checkbox"/>			
<input type="checkbox"/>	Chicken Pot Pie		
<input type="checkbox"/>	Chicken-Sausage Gumbo		
<input type="checkbox"/>	Chili Mac Soup		
<input type="checkbox"/>	Ham & Bean Soup		
<input type="checkbox"/>	Loaded Baked Potato Soup		
<input type="checkbox"/>	Minestrone		
<input type="checkbox"/>	Steak & Potato Soup		
<input type="checkbox"/>			
<input type="checkbox"/>	Peanut Butter		
<input type="checkbox"/>	Grape Jelly		
<input type="checkbox"/>	Strawberry Jam		
TOTAL			
IF AVAILABLE			
# People:	1-2	3-4	5-6
# Items:	1	1	1
<input type="checkbox"/>	Canned Salmon		
<input type="checkbox"/>	Corned Beef /Corned Beef Hash		
<input type="checkbox"/>	SPAM/Luncheon Meat		
<input type="checkbox"/>			
<input type="checkbox"/>	Ketchup		
<input type="checkbox"/>	Mayonnaise		
<input type="checkbox"/>	Whipped Dressing (Miracle Whip)		
<input type="checkbox"/>	Yellow Mustard		
TOTAL			

IF AVAILABLE			
Baking, Snacks, & Drinks			
# People:	1-2	3-4	5-6
# Items allowed per household:	1	1	1
<input type="checkbox"/>	Brown Sugar		
<input type="checkbox"/>	Brownie Mix		
<input type="checkbox"/>	Cake Mix & Frosting		
<input type="checkbox"/>	Cornbread Mix		
<input type="checkbox"/>	Corn Meal		
<input type="checkbox"/>	Flour-5 lbs		
<input type="checkbox"/>	Muffin Mix		
<input type="checkbox"/>	Pie Crust		
<input type="checkbox"/>	Pie Filing		
<input type="checkbox"/>	Pizza Crust		
<input type="checkbox"/>	Powdered Sugar		
<input type="checkbox"/>	Sugar-4 lbs		
<input type="checkbox"/>	Vegetable Oil-48 oz		
Snacks & Treats			
<input type="checkbox"/>	Chips		
<input type="checkbox"/>	Cookies		
<input type="checkbox"/>	Crackers		
<input type="checkbox"/>	Nuts/Seeds		
<input type="checkbox"/>	Pudding/Jello		
Drinks & Beverages			
<input type="checkbox"/>	Coffee		
<input type="checkbox"/>	Decaf-Coffee		
<input type="checkbox"/>	Tea-		
<input type="checkbox"/>	Decaf-Tea		
<input type="checkbox"/>	Apple Juice		
<input type="checkbox"/>	Grape Juice		
<input type="checkbox"/>			
<input type="checkbox"/>			
TOTAL			

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