

GPM FOOD PROGRAMME

Food Item Request Form

| | | Ministries using th quest Form proces | | his form f | or the purpose of the |
|--|----------------|--|---|-------------|--------------------------------|
| Please tick: Yes | No No | Signature: | | Date: | |
| | Please comple | te this request form in | full and email it to: | info@godpi | rotects.org. |
| | ALL FO | ORMS ARE TREATED II | N THE STRICTEST OF T BE COMPLETED IN I | | <u>CE</u> |
| | | Date: | | _ | |
| Are you a Partner of God Protects Ministries? Yes No | | | | | |
| Name (Capital Le | etters) | | | | |
| | | | | | |
| Address | | | | | |
| | | | | | |
| Postcode: | | | | | |
| Telephone Numbers | Home: | | | | |
| | Mobile: | | | | |
| | Work: | | | | |
| Email address: | Email: | | | | |
| No of Adults in household: | | | No of Children in household: | | |
| How can we assist | you? (Please l | be aware that we cann | ot always meet all you | ır needs as | what we are able to provide is |

How can we assist you? (Please be aware that we cannot always meet all your needs as what we are able to provide is entirely dependent on available stock levels.)

Please note that the food request is limited to a maximum of 2 per item, per person and per request, unless it is for a family.

| Description of Item Requested | Quantity Requested | Quantity Given | Description of Item Requested | Quantity Requested | Quantity Given |
|----------------------------------|-----------------------|-------------------|----------------------------------|-----------------------|-------------------|
| Biscuit | | | Dilutable Juice (Squash) | | |
| Cereal | | | Hot Chocolate | | |
| Coffee | | | Lentils | | |
| Long Life Milk | | | Rice | | |

| Shower Gel | Tinned Tuna | | | | | |
|--|-------------------|--|--|--|--|--|
| Sugar | Toilet Paper | | | | | |
| Теа | Tomato Ketchup | | | | | |
| Tinned Baked Beans | Toothpaste | | | | | |
| Tinned Corn Beef | Washing-up Liquid | | | | | |
| Tinned/Packet of Soup | | | | | | |
| When do you need these items? | | | | | | |
| Please state below the reasons why you need this service | | | | | | |
| | | | | | | |
| Name of GPM Team Member: (If known) | Date: | | | | | |

Please note that we are unable to provide financial assistance.

Sanitary Towels

Tinned Sweet Corn

Tinned Tomatoes

Pasta

Plain Flour

Self-raising Flour