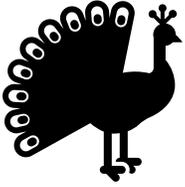


Client # \_\_\_\_\_



# Monacan Indian Nation Food Bank Thanksgiving Turkey Boxes

Please fill out the following information if you would like to receive a Thanksgiving Dinner Box. We ask that if you receive a box from us that you do not receive a box from Saint Paul's Episcopal Church.  
Thank You!

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Name

Birthdate

---

Street Address

---

City

State

Zip

---

Phone

Is text ok? \_\_\_\_\_

Email Address

Are you or any member of your Household Monacan: \_\_\_\_\_

If yes who: \_\_\_\_\_

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Name of persons other than yourself they may pick up for you.

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Do not sign till you pick up your box

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Signature of person picking up

Date