



**Please fill out the following information So that we may serve you better:**

Please note that only one food box may be received per family or per residence once a month. A valid and current picture ID must be shown when obtaining a food box.

**Date** \_\_\_\_\_

**Service attended: Sunday AM / PM Thursdays: PM (please circle one)**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Apt. #** \_\_\_\_\_ **Lot #** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Contact Phone** \_\_\_\_\_

How many is living at your residence? Adults \_\_\_\_\_ Children \_\_\_\_\_

How long have you been attending MCM Worship Center? \_\_\_\_ Years \_\_\_\_  
Months

Amount of food received by me this period \_\_\_\_\_ (in pounds)

Signature: \_\_\_\_\_

More information <http://www.mcmworshipcenter.org>