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**Grocery Order Form**

**Date/Time:**

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|  |

**Name:**

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**Address:**

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**Phone:**

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**Email:**

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**Food Allergies (If no allergies, state none):**

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**Food Restrictions (If no restrictions, state none):**

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**Substitutions: Will you accept substitutions if your item is unavailable?**

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**Shopping Preference: Big Y or Caron’s Corner**

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**Payment Method:**

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**Designated Drop-Off Location (i.e., front steps, porch, garage, etc.):**

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**GROCERY LIST**

**FRESH PRODUCE: (Items and amounts)**

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**BREAD & BAKERY: (Items and amounts)**

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**DELI: (Items and amounts)**

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**MEATS: (Items and amounts)**

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| --- |
|  |

**BAKING ITEMS/ SPICES: (Items and amounts)**

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|  |

**BEVERAGES/ DRINKS:(Items and amounts)**

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**DAIRY PRODUCTS: (Items and amounts)**

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**SNACKS: (Items and amounts)**

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**CEREAL/ BREAKFAST: (Items and amounts)**

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**CONDIMENTS: (Items and amounts)**

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**CANNED GOODS: (Items and amounts)**

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**PASTA, RICE or GRAINS: (Items and amounts)**

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**PAPER GOODS/ CLEANING PRODUCTS/ NON-FOOD ITEMS: (Items and amounts)**

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**PET FOOD/ PRODUCTS: (Items and amounts)**

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**FROZEN FOODS: NO ICE CREAM PLEASE (Items and amounts)**

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**MISCELLANEOUS ITEMS: (Items and amounts)**

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**COMMENTS/ NOTES FOR SHOPPER:**

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**FOR OFFICE USE:**

**Check #:**

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| --- |
|  |

**Amount:**

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