



The Food with Love Project

Community Pantry

MEMBERSHIP NO.:

ALLERGIES / DIETARY REQUIREMENTS:

NAME: _____

DATE: _____

DRY STORES x 10

ITEM	ALLOCATION	GIVEN
CEREAL	1	
TINNED SOUP	1	
BAKED BEANS	1	
TINNED TOMATOES	1	
TINNED FRUIT	1	
TINNED PEAS	1	
TINNED CHICKPEAS	1	
TINNED BEANS	1	
TINNED SPAGHETTI	1	
TINNED MEAT / SPAM	1	
TINNED MEAL	1	
COOKING SAUCE	1	
RICE	500G	
PASTA	500G	
PASTA SAUCE	1	
FISH	1	
SUGAR	1	
TEA / COFFEE	1	
MILK	1	
JAM / SPREAD	1	
BISCUITS	1	
SQUASH/JUICE	1	
EGGS	AS AVAILABLE	
FRUIT & VEGETABLES	AS AVAILABLE	
BREAD & BAKERY ITEMS	AS AVAILABLE	



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HOUSEHOLD AND TOILETTERIES x 5

SHAMPOO	1	
CONDITIONER	1	
BODY WASH	1	
SOAP	1	
TOOTHPASTE	1	
TOOTHBRUSH	1	
SANITARY PADS / TAMPONS	1	
DEODRANT	1	
TOILET PAPER	2	
WASHING UP LIQUID	1	
LAUNDRY DETERGENT	1	
MULTIPURPOSE SPRAY / WIPES	1	
NAPPIES (PLEASE SPECIFY SIZE)	1 PACK	
BABY WIPES (ONLY WITH NAPPIES)	1	
BABY FOOD	AS AVAILABLE	
BABY FORMULA	AS AVAILABLE	

**ALL THE ABOVE ITEMS ARE FOR YOU AND/OR YOUR FAMILY USE.
SWAPPING OR TRADING MAY LEAD TO LOSS OF MEMBERSHIP.**