

FISH of McHenry Pantry Shopping List

1

Name (First & Last)

Please Check ✓ each item you would like on the shopping list.
Items must be checked on this list in order to receive them.

Note that some items may not be available all of the time.

Canned Goods	Quantity
Applesauce	1 <input type="checkbox"/>
Canned Fruit	1 <input type="checkbox"/>
Green Beans	1 <input type="checkbox"/>
Kernel Corn	1 <input type="checkbox"/>
Peas	1 <input type="checkbox"/>
Diced Tomatoes	1 <input type="checkbox"/>
Canned Beans	1 <input type="checkbox"/>
Baked/Pork & Beans	1 <input type="checkbox"/>
Spaghetti Sauce	1 <input type="checkbox"/>
Ravioli/Spaghetti's	1 <input type="checkbox"/>
Tuna	1 <input type="checkbox"/>

Broth & Soups	Quantity
Chicken Broth	1 <input type="checkbox"/>
Chicken Noodle	1 <input type="checkbox"/>
Cream of Mushroom	1 <input type="checkbox"/>
Tomato Soup	1 <input type="checkbox"/>

Condiments	Quantity
Jelly	1 <input type="checkbox"/>
Peanut Butter	1 <input type="checkbox"/>
Canola / Veg. Oil	1 <input type="checkbox"/>

Beverages	Quantity
Shelf Stable Milk	1 <input type="checkbox"/>
Apple Juice	1 <input type="checkbox"/>

Dry Goods	Quantity
Oatmeal	1 <input type="checkbox"/>
Pancake Mix	1 <input type="checkbox"/>
Mac & Cheese	1 <input type="checkbox"/>
Rice	1 <input type="checkbox"/>
Pasta Noodles	1 <input type="checkbox"/>
Instant Potatoes	1 <input type="checkbox"/>

Personal Care	Quantity
Bar/Hand Soap	1 <input type="checkbox"/>
Toothpaste	1 <input type="checkbox"/>
<i>Choose Only 1 of Next 2 Items</i>	
Feminine Pads or	1 <input type="checkbox"/> or
Tampons	1 <input type="checkbox"/>

Household Items	Quantity
Facial Tissue	1 <input type="checkbox"/>
Toilet Tissue (pkg.)	1 <input type="checkbox"/>
Laundry Soap	1 <input type="checkbox"/>

Dairy Products	Quantity
1% Milk (Fresh Gallon)	1 <input type="checkbox"/>
1 dozen Fresh Eggs	1 <input type="checkbox"/>

Miscellaneous	Quantity
Asst. Frozen Meats	1 <input type="checkbox"/> Bag
Frozen Products	1 <input type="checkbox"/> Bag

Frozen products may include items such as meals, pizza, breakfast sandwiches, appetizers, vegetables, fruits, hotdogs, sausage, bacon, specialty meats, etc....

Perishable Items: 2

Name (First & Last)

Fresh Produce	Quantity
Carrots	1 <input type="checkbox"/>
Celery	1 <input type="checkbox"/>
Cucumber	1 <input type="checkbox"/>
Bell Pepper	1 <input type="checkbox"/>
Tomatoes	1 <input type="checkbox"/>
Lettuce	1 <input type="checkbox"/>
Apples	1 <input type="checkbox"/>
Onions	1 <input type="checkbox"/>
Potatoes	1 <input type="checkbox"/>

Additional Dairy	Quantity
Butter/Margarine	1 <input type="checkbox"/>
Yogurt	1 <input type="checkbox"/>

Bakery	Quantity
Breads/Pastries	1 <input type="checkbox"/> Box