



Proxy Form for Mobile Pantry Drive-up Distribution

**Please note that you can only pick up for one
other family besides yours.**

Clients Name: _____

Address: _____

City: _____ Zip Code: _____

Phone #: _____

I hereby designate _____ (name of Proxy) to
serve as my proxy to sign required documents, provide eligibility information,
and pick up my food benefits from the following agency:

DATE _____

SIGNATURE _____

Thank you for your cooperation

**** MP Clients must designate a proxy at each distribution, no exceptions****