

INTERCHANGE FOOD PANTRY PROXY FORM

The Interchange Food Pantry Proxy Form gives your permission for a predetermined individual to pick up your monthly Food Pantry items for a determined amount of time. A new Food Pantry Proxy Form will need to be filled out after the set expiration date.

I, (printed Head of Household name) _____ give permission to (printed Proxy name) _____, an individual or agency that I trust, to pick up my food pantry order, Inc. for the next ____ months. Maximum of six months allowed for a proxy to pick up food for a household.

I understand I will need to fill out a new Food Pantry Proxy Form when this agreement has expired. Renewal Date ____ (initial) ____.

I understand I have the right to contact Interchange at 414-551-2184 to change my Proxy at any time. ____ (initial)

I understand I may cancel the Proxy on file at any time. ____ (initial)

I understand Interchange Inc., Inc. is not responsible if a Proxy misuses their status as a Proxy. ____ (initial)

Client Address: _____

Client Phone Number: _____

Proxy Phone Number: _____

Client Signature: _____ Date: _____

OFFICE USE ONLY:

Effective Start Date: _____ Termination Date: _____

Proposed End Date: _____ Staff Signature: _____