Dare to Care Food Bank

School Pantry A Program of FEEDING AMERICA

Month / Year _____/ _____

Center Name & Address _____

DATE	PRINT NAME	ADDRESS	SIGNATURE	ADULTS	CHILDREN	SENIORS	TOTAL

TOTAL EACH PAGE

_____ PAGE TOTAL CHILDREN

_____ PAGE TOTAL SENIORS

_____ PAGE TOTAL ADULTS

TRANSFER PAGE TOTALS TO MONTHLY REPORT - DUE BY 5th OF EVERY MONTH

KEEP A MASTER AND RETAIN THE COMPLETED FORMS FOR MONITORING PURPOSES