

**Pick-up designee form**  
**Must be completed each month**

I \_\_\_\_\_ give \_\_\_\_\_ permission  
(Name of recipient) (Name of pick-up designee)

to pick up food for me from the Barryton Area Mobile Food Pantry on \_\_\_\_\_.  
(Date)

\_\_\_\_\_  
(Recipient's street address including zip code)

Total # in household	Total # under 18	Total # over 60	Total # veterans

\_\_\_\_\_  
(Recipient's signature)