



Proxy Form

I give permission for the undersigned to pick up my food due to my inability. The recipient is responsible for ensuring that I receive my food.

Printed Name of Food Bank Client

Signature of Food Bank Client

Printed Name of Recipient
(who is picking up food)

Signature of Recipient

Date

Recipient must bring ID with a Franklin Township address for the Food Bank client in addition to their own ID with a current address (does not have to be a Franklin Township resident) to receive food.