## Wayne Council of PTOs **Food Bank List** Family # School:\_\_\_\_\_\_ # in Family:\_\_\_\_\_ Ages: # of Children: Please check the food items you wish to receive. All items may not be available at all times. **Breakfast Foods:** Paper Products **Toilet Paper** [ ] Cereal Oatmeal **Paper Towels** [ ] Cereal Bars **Napkins** Tissues Other: 1 Non-Perishables: Soap/Toiletries Soap - bar or liquid **Peanut Butter** [ ] Shampoo Jelly [] Conditioner Tunafish/Canned Chicken Toothpaste [ ] Crackers/Cookies **Toothbrushes** Macaroni and Cheese Floss Pasta Deodorant Pasta Sauce Rice **Household Products** Beans Laundry Soap Soup [ ] Dish Soap Canned Vegetables [...] **Baby Wipes** Canned Fruit Juice Other - Please write in: [ ] Coffee Tea [ ] Cooking Oil Food Allergies to:

Please return this form to your School Nurse. If you have any questions, please call her directly.