



11 South Main Street, Suite #500 Concord, NH 03301

Year-Round Distribution Program Food Order Form

Organization: _____
 Contact Person _____
 Phone: (work) _____ (home) _____
 Address _____ E-mail: _____

Please e-mail your order to yrdporder@capitalregionfoodprogram.org before 9:00 a.m. on the **25th** of the preceding month. When you send your e-mail, either attach the completed electronic form or include your name, phone number, organization's name, address and the order you request to receive in the body of the e-mail. **You will receive e-mail confirmation of your order and pick-up time.**

CANNED MEATS	AMOUNT	VEGETABLES	AMOUNT
Beef Stew (12 ct)		Baked Beans (12 ct)	
Hash (12 ct)		Corn (24 ct)	
Tuna (48 ct)		Green Beans (24 ct)	
		Peas (24 ct)	
FRUITS	AMOUNT	OTHER	AMOUNT
Fruit Cocktail (12 ct)		Soups (24 ct)	
Pears (12 ct)		Peanut Butter (12 ct)	
Peaches (12 ct)			
Pineapple (24 ct)		RICE/DRIED BEANS	AMOUNT
PASTA/CEREALS	AMOUNT	Long Grain White Rice (12 ct)	
Cereal (12 ct)		Lentils (24 ct)	
Mac/Cheese (24 ct)		Navy Pea Beans (24 ct)	
Spaghetti O's (24 ct)			
Spaghetti (24 ct)		November Only – single birds (no cases)	AMOUNT
Spaghetti Sauce (12 ct)		Chickens	
		Turkeys	
		Cranberry Sauce (24 ct)	

TOTAL CASES _____

Please Note: There is a maximum number of 20 cases per order, and no more than 4 cases per item unless by special arrangements. While every effort will be made to fill your request, there will be no guarantees as to specific products and amounts on the distribution date.