



Telephone: (702) 869-4450 Fax: (702) 933-9332



*SPIRIT OF KINDNESS FOOD PANTRY  
REQUEST FORM*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Total # In Household: \_\_\_\_\_

# Of Children: \_\_\_\_\_

New Hope Member: YES NO

If So How Long: \_\_\_\_\_

Special Requests: \_\_\_\_\_

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\*A FOOD LIABILITY FORM WILL NEED TO BE SIGNED UPON DELIVERY OF REQUEST. DELIVERY OF ITEMS ON FRIDAY NIGHTS FROM 6PM-9PM OR ON SUNDAYS FROM 9AM-12:30PM. FOOD REQUEST IS BASED ON HOUSEHOLD SIZE & INCOME\*