

If items are out, we will substitute. If you do not want us to substitute, please note that on your form.



Dairy: Include quantity/size (exam	iple 1-gallon best	choice whole milk, dozen large egg
Aisle 1: coffee, juice, salad dressin	g, pickles (quanti	ty, size, brand)
Aisle 2: Rice, instant potatoes, pea	anut butter/jelly,	gravy and ketchup and mustard
Aisle 3: Crackers and cookies		
Aisle 4: Canned veggies/fruit, jello	/pudding, cookir	ng utensils
Aisle 5: All baby supplies, Ensure, (Q-tips, Depends	
Aisle 6: Health and Beauty produc	ts, medicines	



	
isle 8: Pasta, Pasta sauce, Chinese food, Hispanic food,	
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sisle 9: Soups, candy, and breakfast bars	
isie 9: Soups, candy, and breaklast bars	
	
isle 10: Baking needs, seasonings	
	
isle 11: cereal, oatmeal, pancakes, and syrup	
	
isle 12: Cleaning supplies and pet supplies	



Aisle 14: Light bulbs, air freshner,	Lysol, laundry or	dish deter	gent
Aisle 15: Chips, nuts, popcorn			
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Aisle 16: Water, soda			
Frozen:	•		
	•		
Meat:			
	•		
	•		
Bakery:			
Bread:	•		
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