



Address: 1990 Market St. Concord, CA 94520
Mailing address: P. O. Box 23973. Pleasant Hill, CA 94523
Phone: 925.825.7751 | fax: 925.825.8732

Monthly Permission to pick up Food Distribution

I, _____, with MCC # _____ allow _____ to pick up my monthly food distribution. I acknowledge it is my responsibility to provide them with my card every time they are to pick up my food and understand that if I do not provide them with my card they will not be allowed to pick up my monthly distribution.

Signature _____

Date _____

Permiso Mensual a recoger Despensa de Comida

Yo, _____, con MCC# _____ permito a _____ que recoja my despensa mensual. Reconozco que es mi responsabilidad proveer mi tarjeta a la persona mencionada cada vez que recoja mi comida. Entiendo que si no proveo mi tarjeta el/ella no podrá recoger mi despensa.

Firma _____

Fecha _____