

**GEORGE/GREENE COUNTY BAPTIST  
FOOD BANK REFERRAL FORM**

Date \_\_\_\_\_ Referring Church \_\_\_\_\_  
Referring Signature \_\_\_\_\_

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

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

Phone: Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Do you attend Church? \_\_\_\_\_ Where? \_\_\_\_\_

Do you attend regular? \_\_\_\_\_

Are you a Christian? \_\_\_\_\_

How many are in your family? \_\_\_\_\_

Names and ages of each family member:  
\_\_\_\_\_  
\_\_\_\_\_

Does anyone in your family have health problems?  
\_\_\_\_\_

*\*A list of the names of all referrals and churches is kept in our computer system. This will help eliminate repeated referrals.*

(The Food Bank is open on Monday and Friday-10 a.m. til 12 noon- Church referral only)

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