

Date: _____

This stands as a memorandum of understanding between the BITE Organization and _____, to receive food and resources from the **BITE Food Distribution and Resource Center.**

1. Fresh fruits, vegetables, starches, juices, water, bread, sweets, meats, etc.
2. Community Service Hours/Volunteer Hours
3. Adult depends, Bed liners
4. Sanitary Napkins, Tampons, clothing
5. Baby Diapers, wipes, formular, baby food, books, strollers, clothing, diaper bags

The _____ is a (please circle), group, organization, Church, or large family (over 7) referrals to the BITE Organization for School and or children and families to receive food and resources. My signature indicates agreement to participate in future meetings and events. I agree to purchase tickets and attend the BITE Annual Black Tie Grand Gala Ball. I understand this event keeps services free for all in need.

This agreement will begin on the _____ day of _____, 2022 and end or be renewed on the _____ day of _____, _____.

BITE Referral Agent

Agent name _____	Location _____
Address _____	Email _____
Telephone work _____	Cell _____

Referral individual / family/ building (Circle)

Name (s) _____
Location _____
Cell/ work etc. (circle): _____
Number of people _____
Narrative: _____

Authorized Agent Signature _____ Date _____