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| Name | Size of Box  S M L | | | Cash or  E-Transfer | Phone Number | Email address | | Text Notices | Address | | | Drop off Instructions |
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| Total # of Boxes |  |  |  |  |  |  | |  |  | | |  |
|  |  |  |  |  |  |  | |  |  | | |  |
| Total Cash |  | | | X $25 = $ | | | X $30 = $ | | | x $35 = $ |
| Total E-transfer |  | | |  | | | | | | | | Total =$ |
| Sub Total $ |  | | |  |  |  | |  | | | |  |

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| --- | --- | --- | --- | --- | --- |
| Statistic Collection | Have demographic statistics are important for program funding. We would appreciate if you could please fill out the information below indicating the number of people in your household and if you identify as Indigenous or as a New Canadian. Thank you | | | | |
| Household | Seniors (over 65) | Adults (18 – 65) | Children (Under 18) | Identity as Indigenous | New Canadian (within 5 Years) |
|  |  |  |  |  |  |
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