Food Bank Recipient:

Thank you for your continued support of the Whitman County Humane Society.

We are changing a few of our processes and program. Please take a few minutes to review the following statements.

1. We can only offer you food if we have food to give. We run off donations for all the food for our own animals in our care so that means we won’t always have food to give.
2. Please only come every 30 days. Recipients must pick up food only once a month. We must limit the number of pets that are given food, and this will be based on the pet owner’s situation.
3. All the pet food in Pet Food Pantry is donated. We cannot promise that pet owners will get a certain quantity or brand of food. We may try and accommodate your animals needs but that isn’t always possible.
4. WCHS has the right to not give food to anyone under any circumstances or to make exceptions based on individuals’ needs.
5. The amount of pet food given will depend upon the number of pets (cats and dogs), their size, and how much food the Pantry has at the time of pick-up.
6. Please donate back to us when possible. Even if you can only donate a small amount, the funding will go to help other animals in need as well. Donations can be in monetary form or you can bring us a bag of food when you get back on your feet to replace what we gave you.

As our mission states, we are dedicated to helping animals in Whitman County have the best lives possible. Please feel free to reach out to us when needed. We are here to help and may be able to point you to other resources if we cannot help.

Thank You,

WCHS Staff

By signing below, I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand the above statements and agree to abide by all rules set forth by WCHS. I understand that WCHS has the right to change their rules and processes as they see fit.

Food Bank Recipient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

WCHS Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_