

**GEORGIA DEPARTMENT OF PUBLIC HEALTH
GEORGIA WIC PROGRAM FOOD DONATION LIST**

Vendor Number:

Date:

Milk

Type	Brand	Quantity/Size	Comment

Cereal

Type	Brand	Quantity/Size	Comment

Beans

Frozen
Canned
Fresh

Type	Brand	Quantity/Size	Comment

Cheese

Type	Brand	Quantity/Size	Comment

Juice

Canned/ Bottle
Frozen
Pourable

Type	Brand	Quantity/Size	Comment

Bread

Loaf

Type	Brand	Quantity/Size	Comment
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Buns
Tortilla

Non-WIC Foods

Type	Brand	Quantity/Size	Comment

Tuna/Salmon

Type	Brand	Quantity/Size	Comment
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Eggs

Type	Brand	Quantity/Size	Comment

Baby Foods

Foods
Formula

Type	Brand	Quantity/Size	Comment

Cereal

Peanut Butter

Type	Brand	Quantity/Size	Comment

Fresh

Fruits

Vegetables

[illegible]

**GEORGIA WIC PROGRAM
DONATION LIST**

Organization Name:

Organization Representative Signature:

Phone#: _____

Address: _____

City: _____

Zip Code: _____

WIC Representative:
