

Meals for Mom (and Dad)!
Information Sheet for our Meal Recipients

Parent(s) Name(s) _____

Address _____

City, Zip _____

Cell Phone(s) _____

Email(s) _____

Directions to your home: _____

Meals will be delivered to your home on various weekdays in the afternoon after you return from the hospital. You will receive a total of 6 meals!

Date to begin _____

Total number in household _____

Ages of children _____

Any likes or dislikes _____

Dietary restrictions (if any) _____

For questions regarding our program, please contact Blair Purgerson at home at (225) 383 - 0065 or on her cell, (225) 266 – 0828.

Please complete, then email this page to Blair at lsubaylor@gmail.com, or FAX it to her at (225) 923-0448, or return to the Our Lady of Mercy Church office.