



# Meals to Heal Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Physical Address:

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

If you're interested in this program, please fill out the questionnaire below.

***Please note, that while we highly regard the confidentiality of all your information, it is necessary to get our delivery drivers your name and physical address for the delivery of your meals.***

- Bone Broth Only (You must pick up from CBCF office)
- Meal Only Delivered
- Bone Broth and Meal Delivered at the same time

How many live in your household? Adults \_\_\_\_\_ Children \_\_\_\_\_

What is the best way to communicate with you about the meal program?

- Email
- Phone
- Contact my Caregiver

Do you have any pets that are drivers need to be aware of?

\_\_\_\_\_  
Special Delivery Instructions (ie. leave inside gate, use side door - not front door, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Please list any food allergies or restrictions

\_\_\_\_\_  
\_\_\_\_\_

The information below is not required; we just want to get to know you better!

Please list any special interests or hobbies you may have:

\_\_\_\_\_  
\_\_\_\_\_



## Getting the form back to us

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### Email

- Once you filled out the form, save it to your computer.
- To email, compose your letter and click the attachment icon (typically a paperclip) in your toolbar along the bottom.
- Clicking it will give you the options for places to look for file.
- Find your saved form, click on it and it will add it to the mail!
- Don't forget to hit the send button when done 😊

### Using the Postal Service?

Mail to:  
Columbia Basin Cancer Foundation  
1031 W. Broadway Avenue  
Moses Lake, WA 98837