

Lutheran Church of Our Savior
Iglesia Luterana de Nuestro Salvador
12 Franklin Avenue, Port Washington



Paper Pantry Referral by

(check one)

_____ The Rev. Lauren T. McLeavey or Bernadette Reyes, *Saint Stephen's Episcopal Church*

_____ Claire Papagalis, *Landmark on Main Street HDFC*

_____ Sr. Kathy Somerville, *Our Lady of Fatima R.C. Church*

_____ Lourdes Taglilatela, *St. Peter of Alcantara R.C. Church*

_____ Susan Bagnini, *Hadley House*

_____ Nicole Asselta, *Parent Resource Center*

_____ Other Organization: _____
Contact Name, Organization, Phone Number

NEXT UPCOMING DATE: _____, 4:15PM – 6:00PM MASKS MUST BE WORN & SOCIAL DISTANCE MAINTAINED

Please complete the information for the person being referred to the Paper Pantry.

Name: _____

Address: _____

Telephone: _____

Email: _____

Other Pertinent Information, if applicable:

***MUST PRESENT PHOTO ID *** _____ Adults; _____ Children; _____ Seniors

Authorized Signature

Date