Pottstown Area
Food Collaborative

1. Your first name and last initial: _____
2. Street address and zip code: _____
3. Mobile phone in case of questions about your order: _____
4. Number of people in your household_____
5. Preferred protein
   ___Turkey ___Chicken ___No meat
6. Preferred pick-up location (**select *only one*** from *only these locations*) to pick-up your meal kit between 4:00 and 6:00 pm on Monday, November 24, 2025.

_____First Presbyterian Church: 750 N Evans

_____Salvation Army: 137 King Street

_____YWCA: 315 King Street

_____PCRC: 57 N Franklin Street

_____Mission First: 414 E High Street

_____Pottstown Hospital/Tower Health: 1600 E High Street

_____TRAAC: 288 Moser Rd

_____My Mobile Market @ YMCA/YWCA: 724 N Adams

If you are filling this out by paper, please scan and send to the e-mail address below or drop-off at 57 N Franklin Street. All received documents will be date-stamped and orders will be filled while supplies last, in the order they are received.

Questions: ThanksgivingMeals@pottstowncluster.org