

PROXY NOTE

DATE: _____

I, _____, give permission for _____
YOUR NAME (ELIGIBLE PERSON) PROXY NAME (PERSON PICKING UP VOUCHERS)

to request, receive, and shop for me with all vouchers I am eligible for this year.

YOUR SIGNATURE (ELIGIBLE PERSON)

Farmers Market Nutrition Program (WIC; must have WIC shopping list)

Senior Farmers Market Nutrition Program (Age 60+, low-income; proxy or participant must apply)