



# Bow Valley Good Food Box Program

MD Bighorn and Kananaskis areas – Order Form



[mdbighorn.ca/577/Good-Food-Box](http://mdbighorn.ca/577/Good-Food-Box)

Complete and bring this form to the MD Office to pay in person by cash/debit/credit card before the published due dates and times.

### FOIP Information:

Your personal information is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. The personal information you provide on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act. This information will be used for the purposes of ordering a Good Food Box and this pilot program evaluation. This form is deemed transitory and will be destroyed upon completion of this affordability pilot project. If you have any questions about the collection or use of this information please contact the FOIP Coordinator, at the MD of Bighorn at 403-673-3611.

### Personal Information

Name (First /Last):

Mailing Address:

Postal Code:

Email:

Phone: (day)\*

\* We must be able to contact you during the day!

During this Pilot Project we ask participants about their annual household income to determine eligibility for shipping fee subsidy and to help us evaluate the project. **Indicate one of these household income levels;**

Single Individual below \$33,045/yr

Family (2+ in household) below \$66,090/yr

Single Individual above \$33,045/yr

Family (2+ in household) above \$66,090/yr - *these pay \$5 shipping/box*

My household has this many: Families Adults Children Seniors (60+) *insert numbers in these boxes*

I will pick up my Good Food Box(es) at: Exshaw School Office - Wednesday 2-4pm *(only school staff & families)*  
Exshaw Community Centre Kitchen - Wednesday 5-7pm

I am ordering; Kananaskis Outfitters store -Thursday 10am - 5pm

*number of*

Good Food Box(es) at \$25 (no shipping fee)  
Good Food Box(es) at \$30 (includes shipping fee)

Order Total \$

*NOTE : Quantities may be limited to lower income people or households as the program fills*

I hereby release the MD of Bighorn, Good Food Box and their volunteers from all claims for damages or loss arising from any accident or injury which is caused by or arises during this program or in any facility or at any location where this program is being held. Any boxes not picked up during the posted time will be donated to a local food security program. My signature acknowledges that I understand and agree to this.

Signature

Date

**Payment:** Full payment must accompany the order form. Payments by credit card must be through Eventbrite or in person at the MD Office.