



GLOBAL BLESSING INC.

Find Happiness in Sharing Your Blessings

2026 THANKSGIVING MEAL REQUEST FORM

Share the Blessing • Give a Meal. Share a Blessing. Deliver Hope.

IMPORTANT — REQUEST FORMS MUST BE MAILED IN AND RECEIVED BY GLOBAL BLESSING NO LATER THAN SUNDAY, NOVEMBER 15, 2026.

Mail your completed form to: Global Blessing | 2417 Canton Rd Marietta, GA 30066
Please allow enough mailing time for your form to be received by the deadline.

Meals will be delivered on Tuesday, November 24, 2026. Submission by the November 15 deadline does not guarantee a meal or household essentials; requests are reviewed based on available resources, need, and delivery logistics.

1. SENIOR / MEAL RECIPIENT INFORMATION

Full Legal Name: _____

Date of Birth: _____

Full Delivery Address (Street, City, State, Apt/Unit): _____

Primary Phone Number: _____

Email Address: _____

County — check one: ☐ Cherokee ☐ Cobb ☐ DeKalb ☐ Forsyth ☐ Fulton ☐ Gwinnett

Is the senior homebound or having difficulty traveling to receive a meal? ☐ Yes ☐ No

2. THANKSGIVING MEAL REQUEST

Select the package that best matches the recipient's ability to prepare food:

☐ **Premade Ready-to-Eat / Heat Meal Package** — prepared Thanksgiving meal for recipients with limited or no ability to cook.

☐ **Thanksgiving Grocery Package** — raw ingredients for a full Thanksgiving meal. Recipient must be able to fully prepare/cook the meal or have capable assistance.

Dietary needs / food allergies — check all that apply:

☐ Diabetic / Low Sugar ☐ Low Sodium ☐ Vegetarian ☐ Vegan ☐ No Pork

☐ Nut Allergy ☐ Gluten-Free ☐ Dairy-Free ☐ No Dietary Restrictions ☐ Other: _____

Additional food allergy or dietary details: _____

3. HOUSEHOLD ESSENTIALS / ADDITIONAL NEEDS

Check any items the household could use. This information helps us understand needs; availability is not guaranteed.

COOKING / KITCHEN	PAPER & CLEANING	PERSONAL / HYGIENE
☐ Cooking oil ☐ Rice / grains ☐ Canned foods ☐ Pasta / sauce ☐ Flour / baking supplies ☐ Sugar / sweeteners ☐ Spices / seasonings ☐ Other: _____	☐ Paper towels ☐ Toilet paper ☐ Dish soap ☐ Laundry detergent ☐ Cleaning supplies ☐ Trash bags ☐ Napkins ☐ Other: _____	☐ Soap / body wash ☐ Shampoo / conditioner ☐ Toothpaste / toothbrush ☐ Deodorant ☐ Feminine hygiene products ☐ Adult hygiene supplies ☐ Other: _____

Other household or essential needs: _____

4. REQUESTOR / NOMINATOR INFORMATION

Who is completing this form? ☐ Senior requesting for self ☐ Family member ☐ Friend / Neighbor ☐ Caregiver ☐ Social Worker
☐ Other: _____

Requestor Full Name: _____
Relationship to Senior: _____
Requestor Phone Number: _____
Requestor Email Address: _____
May Global Blessing contact you to clarify or confirm information? ☐ Yes ☐ No

ADDITIONAL INFORMATION & ACKNOWLEDGEMENTS

5. TELL US ABOUT THE HOUSEHOLD'S NEED

Please briefly describe why a Thanksgiving meal and/or household essentials would be helpful this year. Include any circumstances that may help us understand the household's needs.

6. MEAL DELIVERY & ACCESS INFORMATION

Will someone be available to receive the meal at the delivery address on Tuesday, November 24, 2026? ☐ Yes ☐ No ☐ Unsure

Preferred contact method: ☐ Phone call ☐ Text ☐ Email

Gate, apartment, parking, building-access, or delivery instructions: _____

7. CONSENT & ELIGIBILITY ACKNOWLEDGEMENT

- ☐ I confirm that the senior is age 65 or older.
- ☐ I confirm that the senior resides in Cherokee, Cobb, DeKalb, Forsyth, Fulton, or Gwinnett County, Georgia.
- ☐ I confirm that the senior is aware of and consents to this request, or I will help Global Blessing obtain verifiable consent before a meal is delivered.
- ☐ I understand that submitting this form does not guarantee a meal or household essentials. Requests are reviewed based on available resources, need, and delivery logistics.
- ☐ I understand that Global Blessing will contact me/the senior if the request is selected or if additional information is needed.
- ☐ I understand that the completed form must be mailed and received by Global Blessing no later than November 15, 2026.

8. SIGNATURE

Signature of Senior / Requestor: _____

Date: _____

Printed Name: _____

If signed by someone other than the senior, relationship: _____

THANK YOU FOR HELPING US SHARE THE BLESSING THIS THANKSGIVING.
Please mail this completed form so that it is **received by Global Blessing by November 15, 2026.**

FOR OFFICE USE ONLY

Date Received: _____ Reviewed By: _____

Selected for Meal: ☐ Yes ☐ No Package: ☒ Ready-to-Heat ☐ Grocery

Essentials Available: ☐ Yes ☐ No Delivery Route/Team: _____

Follow-Up Needed: ☐ Yes ☐ No Notes: _____