

# angelfood

MINISTRIES

## June 2008 Menu

In conjunction with First Missionary Baptist Church

For information contact: Sis. Bert Brisson (H) 931-920-2385 (W) 931-221-6236/ email: [bbris@charter.net](mailto:bbris@charter.net)  
Sis. Kidd (FMBC) 931-647-4341 / email: [sistasec@charter.net](mailto:sistasec@charter.net)

### Regular Box

1.5 lb. Rib eye steaks (4x6 oz.)	16 oz. Sliced carrots
1.5 lb. Hamburger patties (4x6 oz.)	16 oz. Mixed vegetables
2 lb. Pork riblets	32 oz. Borden 2% reduced fat shelf-stable milk
4 lb. Individually quick frozen Chicken leg quarters	6 oz. Pancake mix
2 lb. Breaded chicken tenders	15 oz. Pork and beans
20 oz. Supreme pizza	14 oz. Ketchup
1 lb. Mild Italian sausage	7.5 oz. Macaroni & cheese
2 lb. French fries	1 Dozen eggs
	1 Dessert item

### Special #1 -- \$20

#### 6.5 lb. Family Grill Box

24 oz. T-Bone steaks (2x12 oz.)  
2 lb. Meaty baby back ribs  
2 lb. Thick cut pork chops (4x8 oz.)  
1 lb. Bratwurst sausage

**ALL THIS FOR THE LOW COST OF JUST.....\$30.00**

### Special #2 -- \$20

#### 5 lb. Steak and Meat Combo Box

2 lb. N.Y.Strips (4x8 oz.)  
2 lb. Sirloin strips (4x8 oz.)  
1 lb. Hamburger beef steaks (2x8 oz.)

### Special #3 -- \$16

#### 10 lb. Breaded Chicken Breast Strip Box

10 lb. Breaded chicken breast strips

**\*\*One or More Specials Available Only with the Purchase of a Regular Box Above \*\***

**EVERYONE QUALIFIES TO PURCHASE ANGEL FOOD!!**

Angel Food Ministries reserves the right to substitute any of the above items due to availability, cost and

**ORDER DATES: May 29 – June 16, 2008**

**@ FMBC Family Life Center between the Hours of 9 a.m. – 4 p.m. / or contact Bert Brisson (see information at top of page)**

**DISTRIBUTION DAY: Fellowship Hall**

**Saturday, June 28, 2008 7:55 a.m. – 9:15 a.m.**

quality. First Missionary Baptist Church  
Rev. Robert P. Harris, Jr., Senior Pastor  
301 Fairview Lane, Clarksville, TN 37040  
931-647-4341 / 647-2085 (fax)

[www.firstmbconline.org](http://www.firstmbconline.org)

❖ *Bring medium sized box to collect your items.*

\*\*\*\*\* Tear Here \*\*\*\*\*Tear Here \*\*\*\*\***KEEP TOP FOR RECEIPT**\*\*\*\*\*Tear Here\*\*\*\*\*Tear Here\*\*\*\*\*

ORDER FORM	Print Name: _____	No. of Boxes:	X30=	
	Address: _____	Special #1	X20=	
	City/State/Zip: _____	Special #2	X20=	
	Phone: _____	Special #3	X16=	
	Email: _____		Total:	

Method of Payment: Food Stamps  Money Order  Cash  Check

Payable to: FMBC

**Prayer Requests:** \_\_\_\_\_