

Good Food Box Client Order Sheet

Name: _____ Date: _____

Home phone number: _____ Cell: _____

Email Address: _____

Number of People Who Will Be Sharing this Good Food Box:

Families _____

Adults _____ Children _____ Seniors _____

Size Box Weight (circle one)

Small/Senior (20lbs)

Medium (30lbs)

Large Family (40lbs)

\$25.00

\$30.00

\$35.00

Amount Paid

\$ _____

Orders will be ready for pick up after **1:00pm** on the date of delivery.

Orders **not picked up** by **12:00 pm on the Friday** after drop off will be forfeited with no pay compensation