

THANKSGIVING WEEK ORDER FORM

Name _____

Phone# _____

Pick-up day (check one & mark time)

___ Mon _____ Between Noon - 5pm

___ Tues _____ 9am-Noon (or)
_____ Noon-5pm

___ Wed _____ 9am-noon (or)
_____ noon-5pm

How many Dinner rolls?

___ Doz. Farmhouse Herb Rolls

___ Doz. White Farmhouse Rolls

___ Doz. Honey Whole Wheat Rolls

How many breads & Goodies?

___ Pumpkin Chocolate Chip Bread

___ Pumpkin Swirl

___ Pumpkin OH's

___ Cranberry Orange

___ Cinnamon Chip

___ Honey Whole Wheat

___ Stuffing Bread

___ Farmhouse White

___ Cheddar Garlic

___ other, please specify

How Many Thank you Gifts?

___ Gifts of Jam & Bread

___ Gift Tray/Baskets, please specify

**All pre-orders need to be PAID for at the
time order is placed. Thank You for your
cooperation.**

Attach Receipt to Order

Employee Name _____

Date _____