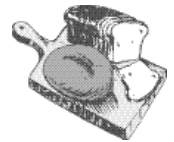




Grant's Bakery, Inc.



525 Sabattus St.
Lewiston, ME 04240

Toll free Voice 1-800-397-5093
Toll Free Fax 1-888-887-7241
www.GrantsBakery.com

Tel. (207) 783-2226
Fax (207) 783-2227

Bates College Cake Delivery Form

To order: Simply fill in the quantities desired, carry out the prices and add up the total column. Be sure to add the delivery charge (includes delivery, gift card and a cake knife).

Cake Flavor: _____ White ** _____ Chocolate ** _____ Chocolate Marble ** _____ Raspberry

Frosting: _____ White ** _____ Chocolate

Flower or Balloon Color: _____ Red ** _____ Yellow ** _____ Pink ** _____ Blue ** _____ Assorted ** _____ Holiday

Edging Color: _____ White ** _____ Yellow ** _____ Green ** _____ Blue ** _____ Choc ** _____ Pink

Writing on Cake: _____

Writing on Gift Card: _____

Product:	Qty	Price	Total
Half sheet cake: 30 - 40 servings		\$56.70	
Quarter sheet cake: 15 - 20 servings		\$31.32	
8" round double layer: 10 - 12 servings		\$20.047	
Cupcakes: _____ white ** _____ chocolate		\$11.88dz	
Birthday napkins: 16 count package		\$3.06	
Birthday plates: 8 count package		\$3.17	
Plastic forks: 12 count package		\$1.06	
Balloon bouquet (1 mylar & 5 latex)		\$15.30	
18" mylar balloon		\$5.28	
Drinks: (20oz. bottle) _____ Pepsi ** _____ Diet Pepsi ** _____ Caffeine Free Diet Pepsi _____ Mountain Dew ** _____ Ginger ale _____ Aquafina Purified Water		\$1.78	

Credit Card Number: _____

Expiration Date: _____

Card Id# (extra 3 digits from back of card) _____

Signature: _____



Sub Total _____

Delivery **\$12.66**

Total _____

We **CANNOT** deliver without your student's dorm name, room number, and phone number; if they are not provided your student's package will be delivered to the Bates package center. We normally deliver between 1 - 6 PM Mon thru Fri and between 10-2 on Sat. Unfortunately, we cannot guarantee a specific delivery time. Prices subject to change without notice.

Purchaser Name: _____

Address: _____

City, State, Zip: _____

Home Phone: (____) _____

Cell Phone:(____) _____

Email: _____

Sold By: _____

Student Name: _____

Dorm Name (required): _____

Room Number (required): _____

Cell Phone (required): _____

Class: Freshman Sophomore Junior Senior

Delivery Date: _____

_____ / _____ / _____
day of week month day year