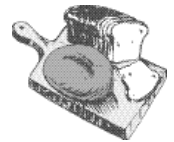




Grant's Bakery, Inc.



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		\$68.36	
Quarter sheet cake: 15 - 20 servings		\$37.80	
8" round double layer: 10 - 12 servings		\$24.73	
Cupcakes: _____ white ** _____ chocolate		\$14.04dz	
Rainbow Dots and Stripes napkins: 16 count package		\$3.69	
Rainbow Dots and Stripes plates: 8 count package		\$3.69	
Plastic forks: 12 count package		\$1.11	
Balloon bouquet (1 mylar & 5 latex)		\$15.83	
18" mylar balloon		\$5.54	
Drinks: (20oz. bottle) _____ Pepsi ** _____ Diet Pepsi ** _____ Dole Lemonade _____ Mountain Dew ** _____ Ginger ale _____ Aquafina Purified Water		\$2.48	

Credit Card Number: _____

Expiration Date: _____

Street number only of the address the card bills to: _____

Signature: _____



Sub Total _____

Delivery **\$15.83**

Total _____

All deliveries are now taken to the mail room. The mail room will text your student that they have a package to pick up. It is the student's responsibility to pick up during mail room hours of operation. We normally deliver to the mail room between 10-2 PM Tues thru Sat. Unfortunately, we cannot guarantee a specific delivery time. Prices subject to change without notice.

Purchaser Name: _____

Address: _____

City, State, Zip: _____

Phone:(____) _____

Email: _____

Student Name: _____

Cell Phone (required): _____

Delivery Date:

____ / ____ / ____

Day of the week month day year