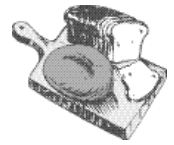




Grant's Bakery, Inc.



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

Munchie Box Order 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 and gift card).

Product:	Total Qty	Price Each	Total Cost
Cookies: ___ Chocolate Chip ** ___ M&M ** ___ Lemon ___ Oatmeal/Raisin ** ___ Peanut Butter ** ___ Molasses		\$.89	
Brownies: ___ Plain ** ___ Fudge Frosted		\$2.16	
Fruit Turnover: ___ Apple** ___ Raspberry** ___ Blueberry** ___ Strawberry		\$2.43	
Fruit Squares: ___ Date** ___ Raspberry** ___ Lemon		\$1.73	
Puff Pastry: ___ Creme Roll ** ___ Raspberry Puff** ___ Strawberry Puff		\$4.32	
Whoopie Pies: ___ Chocolate		\$2.70	
___ Specialty Flavors (ask us what other flavors we're carrying)		\$3.24	
Small Party Pastry Tray: 24 pcs of 5 varieties of bar pastries on a cater tray		\$20.79	
Large Party Pastry Tray: 48 pcs of 6 varieties of bar pastries on a cater tray		\$39.42	
Freshly Roasted Nuts: 8 oz. package of Cashews		\$13.50	
Freshly Roasted Nuts: 8 oz. package of Red Skin Peanuts		\$5.08	
Drinks: (20oz. bottle) ___ Pepsi ** ___ Diet Pepsi ** ___ Dole Lemonade ___ Mountain Dew ** ___ Ginger Ale ** ___ Aquafina Purified Water		\$2.75	
Balloon Bouquet: 1 mylar & 5 latex		\$27.43	
Single Balloon: 18" Mylar		\$8.70	
Cupcakes: ___ White ** ___ Chocolate	doz	\$15.12	

Writing on the gift card: _____

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