

Name: _____

Address: _____

City & Zip: _____

Phone: _____

Cell: _____

E-mail: _____

Signature: _____

Authorized Person for Picking up if I am not able:

Phone: _____



Your information will be kept confidential & only used for Angel Food Ministries !!!!!

JULY 2010 Angel Food Order Form

Regular Box (\$30) #: _____ Total\$ _____

Senior /Conv. Box (\$28) #: _____ Total\$ _____

Allergen-Free Box (\$23) #: _____ Total\$ _____

After School Box (\$24) #: _____ Total\$ _____

Aft School Fr. Box (\$16) #: _____ Total\$ _____

July Special #1A (\$23) #: _____ Total\$ _____

July Special #2B (\$22) #: _____ Total\$ _____

July Special #3C (\$21) #: _____ Total\$ _____

July Special #4D (\$21) #: _____ Total\$ _____


July Special #5E (\$21) #: _____ Total\$ _____

(All orders due by JULY 17th) Order Total\$ _____

Type of Payment: Cash – Check – MO – FS

Please make Checks payable to:

Amherst Church of the Nazarene

 If you mail your payment, it must arrive by **JULY 17, 2010**