

## ANGEL FOOD MINISTRIES ORDER FORM

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 \_\_\_\_\_  
 ORDER MONTH: \_\_\_\_\_  
 TIME OF PICKUP: BETWEEN 8 AM AND 10 AM

LOCATION OF PICKUP: GRACE BAPTIST CHURCH  
 353 RIVER RD, HUDSON, MA

REG UNITS	X	= \$
# 1 SPECIAL	X	= \$
# 2 SPECIAL	X	= \$
# 3 SPECIAL	X	= \$
# 4 SPECIAL	X	= \$
#5 SPECIAL	X	= \$
SENIOR BOX	X	= \$
TOTAL \$ _____		
METHOD OF PAYMENT		
CASH		\$ _____
CHECK		\$ _____
FOOD STAMPS		\$ _____
MONEY ORDER		\$ _____
CREDIT CARD		\$ _____

**BRING ONE LARGE BOX PER UNIT**

PURCHASE IS ONLY FOR THE MONTH AS LISTED ABOVE  
 NO REFUNDS - NO CREDIT FOR FOLLOWING MONTH(S)  
 UNCLAIMED FOOD WILL BE DONATED TO OTHERS IN NEED IF NOT  
 PICK UP ONLY BETWEEN 8:00 and 10:00 AM ON SCHEDULED SATURDAY.