



Harold Foster
Foundation

Farm Fresh Food Delivery Order Form

Name:		Date:
Delivery Address:		Phone #:
		Alternate Phone #:
City:	Postal Code:	Email:

Box Size (please mark one)	Special Delivery Instructions (i.e. where is a good place to leave the box?)
<input type="checkbox"/> Small Box \$20/box	
<input type="checkbox"/> Medium Box \$30/box	
<input type="checkbox"/> Large Box \$40/box	

Payment Method

Type of Payment <input type="checkbox"/> Credit Card (by pre-authorized account) <input type="checkbox"/> Cheque <input type="checkbox"/> Other (Please Indicate _____)	Name as it Appears on Card:	Credit Card Number:
	Expiry Date: (mm/yy)	CSC: (3 digit number on back)

Cardholder Signature:

Billing Address: <input type="checkbox"/> Same as Shipping Address	City:	Prov:	Postal Code:
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