

Meals to Go - Order Form



Deliveries available only to workplaces within the Village of Lakefield.

Orders must be received by Wednesday, November 20th

Quantities are limited each day.

Name of Business:	Address:
Additional delivery info:	
Group Contact Person:	Phone/Email:

Name	Lunch choice (\$15)		Get a N Sponsor Mea Charitable tax receipt	Total		
	O Regular	O Lactose free	O One meal	O A we	eek O Other	
	O Vegetariar	O Gluten free	(\$10)	(\$50)	\$	
Tax Receipt Info Required	Mailing Addr	ess:	Phone #			
	O Regular	O Lactose free	O One meal	O A we	ek O Other	
	O Vegetariar	O Gluten free	(\$10)	(\$50)) \$	
Tax Receipt Info Required →	Mailing Address:					
	O Regular	O Lactose free	O One meal	O A we	ek O Other	
	O Vegetariar	O Gluten free	(\$10)	(\$50)	\$	
Tax Receipt Info Required →	Mailing Addr	ess:			Phone #	
	O Regular	O Lactose free	O One meal	O A we	ek O Other	
	O Vegetariar	O Gluten free	(\$10)	(\$50)) \$	
Tax Receipt Info Required →	Mailing Addr					
	O Regular	O Lactose free	O One meal	O A we	eek O Other	
	O Vegetariar	O Gluten free	(\$10)	(\$50)	\$	
Tax Receipt Info Required →	Mailing Addr		Phone #			
	O Regular	O Lactose free	O One meal	O A we	ek O Other	
	O Vegetariar	O Gluten free	(\$10)	(\$50)	\$	
Tax Receipt Info Required →	Mailing Addr	ess:			Phone #	



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Orders must be received by Wednesday, November 20th

Quantities are limited – First Come, First Serve Basis.

Name of Business:	Address:		
Additional delivery info:			
Group Contact Person:	Phone/Email:		

Name	Lunch choice (\$15)		Get a Meal, Give a Meal! Sponsor Meals on Wheels for a Client Charitable tax receipts available for donations of \$10 +				Total
	O Regular	O Lactose free	O One meal (\$10)	O A w			
		O Gluten free	(710)	(450	•		
Tax Receipt Info Required	Mailing Addr	ess:			Pho	ne #	
	O Regular	O Lactose free	O One meal	O A w	eek	O Other	
	O Vegetarian	O Gluten free	(\$10)	(\$50	0)	\$	
Tax Receipt Info Required →	Mailing Address:				Phone #		
	O Regular	O Lactose free	O One meal	O A w	eek	O Other	
	O Vegetarian	O Gluten free	(\$10)	(\$50	0)	\$	
Tax Receipt Info Required →	Mailing Addr			Pho	ne#		
	O Regular	O Lactose free	O One meal	O A w	eek	O Other	
	O Vegetarian	O Gluten free	(\$10)	(\$50	0)	\$	
Tax Receipt Info Required →	Mailing Address:			Phone #			
	O Regular	O Lactose free	O One meal	O A w	eek	O Other	
	O Vegetarian	O Gluten free	(\$10)	(\$50	0)	\$	
Tax Receipt Info Required →	Mailing Addr			Pho	ne #		
	O Regular	O Lactose free	O One meal	O A w	eek	O Other	
	O Vegetarian	O Gluten free	(\$10)	(\$50	0)	\$	
Tax Receipt Info Required →	Mailing Addr	ess:			Pho	ne #	