

Meals to Go – Order Form



Deliveries available only to workplaces within the City of Peterborough. *Orders must be received by <u>Wednesday, November 20th</u>* *Quantities are limited – First Come, First Serve!*

| Name of Business: | lame of Business: Address: | | | | | | | |
|------------------------------------|----------------------------|---------------------------------|---|----------------|-----------|---------------|--|--|
| Additional delivery info: | | | | | | | | |
| Group Contact Person: Phone/Email: | | | | | | | | |
| Choose your delivery time | | | | | | | | |
| O 11:30-12:00 O 12:00-12:30 | | | | | | | | |
| 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 | | |
| | U U | O Lactose free O Gluten free | O One meal (\$10) | | | O Other \$ | | |
| Tax Receipt Info Required | Mailing Addr | ess: | Phor | | ne # | | | |
| | U U | O Lactose free O Gluten free | O One meal (\$10) | | eek)) | O Other \$ | | |
| Tax Receipt Info Required → | Mailing Addr | ess: | Phone # | | ne # | | | |
| | U U | O Lactose free O Gluten free | O One meal (\$10) | | | O Other \$ | | |
| Tax Receipt Info Required → | Mailing Addr | ess: | 1 | Phone # | | | | |
| | O Regular O Vegetariar | O Lactose free O Gluten free | O One meal (\$10) | | | O Other \$ | | |
| Tax Receipt Info Required → | Mailing Addr | I | | Phone # | | | | |
| | O Regular O Vegetariar | O Lactose free O Gluten free | O One meal (\$10) | O A w (\$50 | | O Other \$ | | |
| Tax Receipt Info Required → | Mailing Addr | ess: | | Phone # | | | | |
| | O Regular O Vegetariar | O Lactose free O Gluten free | O One meal (\$10) | O A w (\$50 | | O Other \$ | | |
| Tax Receipt Info Required → | Mailing Addr | ess: | | | Pho | ne # | | |



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| Name | Lunch choice (\$15) | Get a Meal, Give Sponsor Meals on Whe Charitable tax receipts available for d | els for a Client Total | | | | | | |
| | O Regular O Lactose free O Vegetarian O Gluten free | e O One meal O A wee (\$10) (\$50) | | | | | | | |
| Tax Receipt Info Required | Mailing Address: | P | hone # | | | | | | |
| | O Regular O Lactose free O Vegetarian O Gluten free | (\$10) (\$50) | | | | | | | |
| Tax Receipt Info Required → | Mailing Address: | P | hone # | | | | | | |
| | O Regular O Lactose free O Vegetarian O Gluten free | (\$10) (\$50) | k O Other \$ | | | | | | |
| Tax Receipt Info Required → | Mailing Address: | Р | hone # | | | | | | |
| | O Regular O Lactose free O Vegetarian O Gluten free | | k O Other \$ | | | | | | |
| Tax Receipt Info Required → | Mailing Address: | P | Phone # | | | | | | |
| | O Regular O Lactose free O Vegetarian O Gluten free | e O One meal O A wee (\$10) (\$50) | k O Other \$ | | | | | | |
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| | O Regular O Lactose free O Vegetarian O Gluten free | (\$10) (\$50) | k O Other \$ | | | | | | |
| Tax Receipt Info Required → | Mailing Address: | P | hone # | | | | | | |