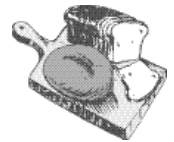




# Grant's Bakery, Inc.



525 Sabattus St.  
Lewiston, ME 04240

Toll free Voice 1-800-397-5093  
Toll Free Fax 1-888-887-7241  
www.GrantsBakery.com

Tel. (207) 783-2226  
Fax (207) 783-2227

## Bates College Cake Delivery Form

**To order:** Simply fill in the quantities desired, carry out the prices and add up the total column. Be sure to add the delivery charge (includes delivery, gift card and a cake knife).

Cake Flavor: \_\_\_\_\_ White \*\* \_\_\_\_\_ Chocolate \*\* \_\_\_\_\_ Chocolate Marble \*\* \_\_\_\_\_ Raspberry

Frosting: \_\_\_\_\_ White \*\* \_\_\_\_\_ Chocolate

Flower or Balloon Color: \_\_\_\_\_ Red \*\* \_\_\_\_\_ Yellow \*\* \_\_\_\_\_ Pink \*\* \_\_\_\_\_ Blue \*\* \_\_\_\_\_ Assorted \*\* \_\_\_\_\_ Holiday

Edging Color: \_\_\_\_\_ White \*\* \_\_\_\_\_ Yellow \*\* \_\_\_\_\_ Green \*\* \_\_\_\_\_ Blue \*\* \_\_\_\_\_ Choc \*\* \_\_\_\_\_ Pink

Writing on Cake: \_\_\_\_\_

Writing on Gift Card: \_\_\_\_\_

Product:	Qty	Price	Total
Half sheet cake: 30 - 40 servings		\$51.00	
Quarter sheet cake: 15 - 20 servings		\$28.00	
8" round double layer: 10 - 12 servings		\$18.30	
Cupcakes: _____ white ** _____ chocolate		\$10.00dz	
Birthday napkins: 16 count package		\$3.06	
Birthday plates: 8 count package		\$3.17	
Plastic forks: 12 count package		\$1.06	
Balloon bouquet (1 mylar & 5 latex)		\$15.30	
18" mylar balloon		\$5.28	
<b>Drinks:</b> (20oz. bottle) _____ Pepsi ** _____ Diet Pepsi ** _____ Caffeine Free Diet Pepsi _____ Mountain Dew ** _____ Ginger ale _____ Aquafina Purified Water		\$1.74	

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Id# (extra 3 digits from back of card) \_\_\_\_\_

Signature: \_\_\_\_\_



Sub Total \_\_\_\_\_

Delivery **\$12.66**

**Total** \_\_\_\_\_

We **CANNOT** deliver without your student's dorm name and room number; if they are not provided your student's package will be delivered to the Bates package center. We normally deliver between 1 - 6 PM Monday thru Friday and between 10 - 2 on Saturdays. Unfortunately, we cannot guarantee a specific delivery time. Prices subject to change without notice.

Purchaser Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Sold By: \_\_\_\_\_

Student Name: \_\_\_\_\_

Dorm Name (required): \_\_\_\_\_

Room Number (required): \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Class: Freshman Sophomore Junior Senior

Delivery Date: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day of week month day year