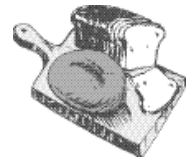




Grant's Bakery, Inc.



525 Sabattus St.
Lewiston, ME 04240

Toll free Voice 1-800-397-5093
Toll Free Fax 1-888-887-7241

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

www.GrantsBakery.com

Cakie Order 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 and a gift card).

Flower or balloon Color: ___Red ** ___Yellow ** ___Pink ** ___Blue ** ___Assorted ** ___Holiday

Edging Color: ___White ** ___Yellow ** ___Green ** ___Blue ** ___Choc

Writing on Cakie: _____

Writing on Gift Card: _____

Product:	Qty	Price	Total
Cakie: a one pound, round shaped, chocolate chip cookie decorated like a cake		\$10.00	
Cakie: a 2 ½ pound, round shaped, chocolate chip cookie decorated like a cake		\$20.25	
Drinks: (20 oz. bottle)___Pepsi ** ___Diet Pepsi ** ___Caffeine Free Diet Pepsi ___Mountain Dew ** ___Ginger ale ** ___ Aquafina Purified Water		\$1.74	
Birthday napkins: 16 count package		\$3.06	
Balloon bouquet: (1 mylar & 5 latex)		\$15.30	
Single balloon: 18" mylar		\$5.28	
Valentine's Day only.....Chocolate Dipped Strawberries 6 oz or 12 oz boxes Dipped in white, milk, dark or assorted chocolates		Market price	

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