

**ST PAUL UNITED METHODIST CHURCH ORDER FORM
SHARE FOOD PACKAGE(S)
JULY 2017 ORDER**

Orders must be placed and paid for by Sunday, **JULY 9, 2017**. Delivery date is Saturday, **JULY 22, 2017**. Orders must be picked up at the **designated time (between 11:30 - 12:00 PM)**. Orders not picked up will be donated to some needy family or individual. **Orders cannot be left in the refrigerator or freezer at St. Paul. Orders cannot be held over!**

Payment methods: Cash, Check, Money Orders, Debit/Credit Card or EBT cards

Order Dates:

Saturday, JUNE 24, 2017- 11:30 a.m. to 12:00 p.m.
 Sunday, JULY 2, 2017 – 9:30 a.m. to 10:30 a.m. & 12 noon to 1:00 p.m.
 Saturday, JULY 8, 2017 – 9:00 a.m. to 11:00 a.m.
 Sunday, JULY 9, 2017 – 9:30 a.m. to 10:30 a.m. & 12 noon to 1:00 p.m.

NOTE: Envelopes will be provided, on the easel in the hallway. You may complete the order form, put it in the envelope with the exact amount and place it in the collection plate or turn it into the office when it is open.

*****PLEASE COMPLETE THIS SECTION*****

Name: _____
 Phone Number: _____
 Date of Order: _____

\$21.50 VALUE/ REGULAR:	\$20.50 STEAK BOX:	\$24.50 HAMBURGER BOX:	\$16.50 FARMER'S BOX:	\$12.50 CROISSANT SANDWICHES
Quantity _____	Quantity _____	Quantity _____	Quantity _____	Quantity _____
Total \$ _____	Total \$ _____	Total \$ _____	Total \$ _____	Total \$ _____
Rec'vd by _____	Rec'vd by _____	Rec'vd by _____	Rec'vd by _____	Rec'vd by _____
Verified by _____	Verified by _____	Verified by _____	Verified by _____	Verified by _____

Circle One: Cash Money Order Check Debit Credit EBT
 (Payable to Share) (Payable to SPUMC)

RECEIPT

NOTE PICK UP TIME!!

St. Paul United Methodist Church
 6634 St. Barnabas Road, Oxon Hill, MD 20745
 301-567-4433

JULY 2017 ORDER

Name: _____
 Value/Reg -# _____ Steak Box- # _____ Hamburger Box - # _____ Farmer's Box- # _____ Croissant Sandwiches- _____
 Amount \$ _____ Amount \$ _____ Amount \$ _____ Amount \$ _____ Amount \$ _____

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Received by: _____ **Amount \$** _____ **Date:** _____