



**F & V BOX /
GIFT BASKET ORDER FORM**

Circle a Pickup Day - **(Mon) (Tue) (Wed) (Thu) (Fri) (Sat)** or select a date: __/__/2016

Circle a Pickup Time **(9am) (Noon) (3pm) (5pm)** Name: _____ Contact No: _____

Number
of items **Type**

Maximum Spend Per Item (please circle)

<input type="checkbox"/>	<u>FRUIT & VEGETABLE BOX</u>	\$25	\$50	\$75	\$
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<input type="checkbox"/>	<u>GIFT BASKET</u>	\$50	\$75	\$100	\$
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Packaging	Bag	Box
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Who is it for?	Male	Female	Family
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Dietary	Nil	Gluten Free
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Products	Local	Mixture	Any
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Style	Sweet	Savory
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Special Requests:

Received By: