



Cookie Order Form

Order Date: _____

Name: _____ Organization: _____

Billing Add & Suite #: _____ City/State/Zip: _____

Telephone: _____ Email: _____

Date Needed: _____

By: _____ **am/pm**

Standard Varieties

\$7 per dozen

Quantity- In Dozens

(half & quarter dozens acceptable)

Assortment _____

Chocolate Chip _____

M & M _____

Snickerdoodle _____

Peanut Butter _____

Ginger Snap _____

Oatmeal Raisin _____

Chocolate Chocolate Chip _____

English Toffee _____

Peanut Butter Chunk _____

Total (in dozens) _____

Extras:

Decorative "To Go" Box +\$3/box

Clear Plastic Cookie Dome +\$6/dome

Decorative Gift Box +\$6/box

Personalized Note: (1) Complimentary

Other:

Smiley Face Cookies \$16/dozen

Individually Wrapped \$1/cookie

Specialty Decorated Varies

Frozen Dough \$6/dozen

Delivery (fees apply)

Pick-Up

Delivery Information: *(if different than above)*

Name: _____

Org: _____

Add & Suite #: _____

City/State/Zip: _____

Special Instructions:

Please Invoice

Visa/MC Card #: _____

Card # on File

Expiration: _____

Fax to 612-521-9293 or email to info@cookiecart.org