



Order Date: \_\_\_\_\_

# Muffin Order Form

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Billing Add & Suite #: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

Date Needed: \_\_\_\_\_

By: \_\_\_\_\_ am/pm

*Delivery is available Monday through Friday from 7:30am-5pm.*

Standard Varieties \$10 per dozen	Quantity- In Dozens (half dozens acceptable)
Assortment	_____
Blueberry	_____
Chocolate Chocolate Chip	_____
Lemon Poppyseed	_____
Cranberry Nut	_____
Banana Nut	_____
<b>Total (in dozens)</b>	_____

### Extras:

- Decorative "To Go" Box      +\$3/box (holds up to 2.5dz)
- Decorative Gift Box      +\$6/box (holds up to 3dz)
- Individually Wrapped      +\$3/dozen
- Personalized Note:      (1) Complimentary

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Delivery (fees apply)       Pick-Up

**Delivery Information:** *(if different than above)*

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

Org: \_\_\_\_\_

Add & Suite #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Special Instructions:

<input type="checkbox"/> Please Invoice	<input type="checkbox"/> Visa/MC/AmEx/Disc	Card #: _____	<input type="checkbox"/> Card # on File
		Expiration: _____	Security Code: _____

Fax to 612-521-9293 or email to [info@cookiecart.org](mailto:info@cookiecart.org)