ORDER FORM

RETURN DATE: October 18 MY NAME: ____ \$14 \$14 ALLERGEN NOTICE PHONE #: _____ \$14 PRODUCTS CONTAIN EGG, MILK, SOY, CINNAMON ROLLS CRÉME ORGANIZATION: St. John the Baptist STRAWBERRY C CREAM CHEESE CHEESE CARAMEL ROLLS WHEAT. PRODUCTS DO NOT CONTAIN BLUEBERRY & CREAM CHEESE RASPBERRY NUTS, BUT ARE MANUFACTURED IN A CINNAMON MAKE CHECKS PAYABLE TO: __St. John the Baptist FACILITY AND ON EQUIPMENT WHICH BAVARIAN PROCESSES NUT PRODUCTS. ယ HERB CUSTOMER NAME ITEMS AMOUNT PHONE NUMBER \$ 1. 2. \$ 3. \$ 5. \$ \$ 6. 7. \$ \$ 8. 9. \$ 10. \$ 11. \$ 12. \$ $: \mathcal{F}$ 13. \$ 14. \$ 15. \$ 16. \$ 17. 18.

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DELIVERY DATE: November 12