

CARE PACKAGE CAFÉ – ORDER FORM

Southern Nazarene University, 6612 NW 42nd Street, Bethany 73008, Tel: 405-491-6379

<http://www.snudining.com/care.html>

★ Please indicate the date the package(s) should be picked up. **Monday - Friday ONLY**

Package Type	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug
Movie Night												
Tooty Fruity												
Get Well Sooner												
A Little Shout Out!												
Birthday Bash												
Study Boost												
A Taste from Home												
Cookie Lover's Club												
NEW!! My Heart is yours Valentines (avail Feb only)												
NEW!! Only You Valentines (avail Feb only)												
NEW!! Cupid's Arrow Valentines (avail Feb only)												

Birthday Bash: CAKE CHOICE: 8-inch double layer cake

Circle cake choice: Chocolate White

Circle frosting choice: Chocolate Vanilla

Inscription: _____

A Taste from Home: Fax recipe to **405-717-6266** with this completed order form.

PICK UP DATE(S)/ DAY(S): _____

PICK UP TIME(S): _____

Sender's Name _____	Receiver's Name _____
Address _____	Receiver's Email _____
City _____ State _____	Receiver's Phone _____
Zip Code _____ Phone _____	Birth date _____

On-Campus Charge - Information

Name: _____

Card Number: _____ (flex money) **OR**

Name of Department to charge to: _____

Off Campus Charge – Information (8.5% tax not included)

Please charge my order to: MasterCard _____ Visa _____ Account # _____

Name as it appears on the credit card: _____

Signature - (required if using credit card) _____ Expiration Date _____

Office Use Only: Date Order Rec'd _____ Date Item Ordered _____

Paid by: Cash _____ Credit Card _____ Flex _____ Date Item Picked Up _____

FAX ORDER TO: 405-717-6266