

# Hamilton Jewish Family Services

## Passover Wine Order Form

**Please Print**

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_  
*Street*
*City*
*Province*
*Postal Code*

Wine Order #	Product Description	Quantity	Unit Price	Price

Sub Total

**Bottle Deposit (20 cents per bottle)**

**TOTAL**

**Method of Payment:**

(   ) Cheque      (   ) Credit Card – Name on card \_\_\_\_\_

Number: \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_ CVV \_\_\_\_\_

Once filled out email to: [christinen@hamiltonjfs.ca](mailto:christinen@hamiltonjfs.ca) To call in your cc number: 905-627-9922 x23

### OFFICE USE ONLY

- ☐ Paid – ran credit card on \_\_\_\_\_
- ☐ Order packed
- ☐ Order picked up or delivered