

Hamilton Jewish Family Services Passover Wine Order Form

Orders must be received by March 6, 2023

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)		
Method of Payment:	TOTAL	

() Cheque () Credit Card – Name on card _____

Number: _____ Exp ____ / ____ CVV _____

Once filled out email to: christinen@hamiltonifs.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