

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 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