

Pastry Order Form

Customer Name: _____

Contact Phone Number: () _____ - _____

Contact E-Mail: _____

Date Placed (Minimum 2 Week Advanced Of Pick-up) : ____ / ____ / ____

Date For Pick-up: ____ / ____ / ____

Cheesecake Style: (One Whole = 8 Servings) \$40 Each, Plus Tax:

___ Plain ___ Caramel Pecan ___ Pumpkin Pie ___ Classic Pumpkin

___ Raw Pumpkin ___ Strawberry Cream ___ Coconut Cream ___ PB & J

___ PB Banana ___ Dreamsicle ___ Chocolate

Cookies: (Sold by Dozen) \$24 Plus Tax:

___ Pumpkin ___ Ginger Molasses ___ Chocolate Chip ___ Sugar Shortbread

___ Cranberry Orange Oat

Cupcakes: (Sold by Dozen) \$48 Plus Tax:

___ German Chocolate ___ Salted Caramel Apple ___ Mocha Raspberry

___ Vanilla Chai ___ Maple Pecan ___ Apple Spice ___ Toasted Coconut

___ Vanilla Tiramisu ___ Carrot Cake ___ Chocolate ___ Vanilla ___ Cookie Dough

Miscellaneous:

___ Raw Lemon Bars (Sold by 9) \$36 Plus Tax

___ Blueberry Lemon Scone (Sold by 10) \$20 Plus Tax

___ Pumpkin Fudge (Sold by 24 Pieces) \$48 Plus Tax

___ Raw Hazelnut Cacao Tart (1 Whole = 8 Servings) \$40 Plus Tax

Have An Allergy Or Diet Restriction? Please Describe:

****All orders must be placed at minimum two weeks advance before pick-up date. All orders must be paid full in advance on day of placement.*

Customer Signature: _____

Employee Name (Please Print): _____

*Attach Receipt to This Form