



Loyalist Grocery Box Order Form

Please provide the following information:

Name: _____

Loyalist Student ID number/department:

**N.B. you must bring your Loyalist ID
when claiming your food**

Telephone Number/Email Address:

If you live in Residence please provide building and
room number: _____

Please indicate which month(s) you are ordering for:

Sept Oct Nov Dec

Fruit & Vegetable only:

___ x \$15 = \$_____

Non-perishables plus some fruit/vegetables:

___ x \$25 = \$_____

Both: ___ x \$40 = \$_____

Total: \$ _____

Cash Office Stamp & Initials

More information please contact Bev Denyes
at ext 2152 or bdenyes@loyalistic.on.ca