

Loyalist Grocery Box Order Form

Please provide the following information:

Name: _____

Loyalist Student ID # or 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 = \$ _____

2 boxes _____ X \$40 = \$ _____

Total: \$ _____

Cash Office Stamp & Initials

Banner Code M053

More Information please contact Bev Denyes at:

ext 2152 or bdenyes@loyalistc.on.ca

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