



Cookie Order (24/box*):
For every 5 boxes, choose a 6th for free!

Name: _____
Phone #: _____
Address: _____

City: _____ Province: _____
Postal Code: _____
Email: _____

Delivery/Pick-Up Method:

- Pick-up at River's Edge on Date: _____
- Pick-up from Centre Street Church
November 26 OR 27 (circle one)
- Pick-up from Didsbury Zion EMC, Nov. 27
- Pick-up from Crossroads Church, Dec. 4
- Pick-up from Bonavista EMC, Dec. 4
- Pick-up at RE Keenagers Christmas, Dec. 7
- Pick-up from Bethel EMC Carstairs, Dec 11
- Pick-up at RE Country Christmas Event, Dec. 11
- Deliver to my above address (\$80 min order):
Date needed by: _____

Method of Payment:

- Cash
- Cheque # _____
- Visa
- Mastercard

Card Number: _____

Expiry: _____
Name on Card: _____
Signature: _____

_____ box(es) X **Christmas Tree Shortbreads**
Capture your inner-child with these
buttery shortbreads!
Allergens: Dairy, Gluten, Food coloring

_____ box(es) X **Sugar Cookies**
A variety of Christmas shapes, decorated
to make any cookie plate look great!
Allergens: Dairy, eggs, gluten

_____ box(es) X **Gingerbread Men**
Run, run as fast as you can! Don't let
these delicious cookies get away!
Allergens: Gluten, eggs

_____ box(es) X **Candy Cane Bark**
Creamy white chocolate balanced with
the crunch of peppermint candy canes.
Allergens: Dairy

_____ box(es) X **Lemon Cranberry Thumbprint**
Lemon-y cookies with a dollop of
cranberry jam right in the middle!
Allergens: Gluten

_____ box(es) X **Reindeer Droppings**
Creamy peanut butter balls dipped in
luxurious semi-sweet chocolate
Allergens: Nuts

_____ box(es) X **Gluten-Free Shortbread**
This Christmas classic is now available
for all to enjoy. Gluten, dairy and egg
free!

_____ box(es) X **Sampler**
Our most popular cookies all together
in one box!
Allergens: Varies

TOTAL: _____ box(es) X **\$12/box** = \$ _____
(For every 5 boxes, choose a 6th for free!)

Discount: _____ box(es) X **\$12/box** = -\$ _____

Grand Total: \$ _____

*All cookies may have come in contact with nuts

For Factory Use Only:

Invoice #: _____	Shipped: <u>(MM/DD/YY)</u>
Received: <u>(MM/DD/YY)</u>	Code: <u>(BC, CC, ZC, PU)</u>
Created: <u>(MM/DD/YY)</u>	Initials: _____

Send, fax or call your order to:
cookies@riversedgencamp.org
Phone: 403-637-2766 Fax: 403-637-2765
<http://www.riversedgencamp.org>