



Angel Food Order Form

Name: _____ Date: _____

EBT Name for Food Stamps (If Applicable): _____
(EBT Orders must be made in person; please make an appointment or come by the church at one of the scheduled times listed below)

Phone Number: _____ Email: _____

ITEM	QUANTITY		PRICE	TOTAL
Regular Angel Food Box		X	\$30.00	
Senior Angel Food Box		X	\$28.00	
Special No. 1		X	\$22.00	
Special No. 2		X	\$21.00	
Special No. 3		X	\$21.00	
Special No. 4		X	\$20.00	
Special No. 5		X	\$21.00	
			<i>Order Total</i>	\$
			<i>Payment Method</i>	

Deadline for Orders and Payments is
Monday, January 12, 2009 at 5:00 p.m.

*Mail payments to Christian Fellowship Assembly
 2352 Dallas-Cherryville Highway - Dallas, NC 28034*

To Place an order, contact:

Rhonda Nelson Akers...704.922.4071 ext. 101 or 704.629.1737
 E-mail: rakers@strivingon.com

Come By the Church...

Monday, January 5, 2009 11:00 a.m. until 2:00 p.m.
 Friday, January 9, 2009 10:00 a.m. until 2:00 p.m.
 Monday, January 12, 2009 11:00 a.m. until 5:00 p.m.

Other times available by appointment only.
Or by calling the church at...704.922.4071 ext. 101

DISTRIBUTION DAY IS
FRIDAY, January 16, 2009 from 2pm – 6pm

 OFFICE USE ONLY

Order Filled by: _____

Ordered Picked up by: _____