



Date: _____

SANDWICH ORDER FORMS (copy for Client, copy for Sertoman)

ATTENTION: WINSTON-SALEM SERTOMA CLUB FRIENDS

Please place *Saturday, April 27^h* on your calendar for a *Winston-Salem Sertoma Club Sub sandwich lunch.*

Net Proceeds help support:

***Sunnyside Ministry
Latino Community Services
NWNC Food Bank***

***The Wells Center
Our National Heritage
Sertoma Deaf Camp***

NAME OF BUSINESS: _____

ADDRESS: _____

TELEPHONE NO. _____

NAME OF BUSINESS REPRESENTATIVE GIVING ORDER: _____

MENU

6" Turkey Sub _____ or 6" Ham Sub _____ (Chips, cookie and condiments included)

Number of meals ordered _____ : x \$7.50 = _____ Total Cost

Payment is due at time of delivery.

Checks should be payable to "WINSTON-SALEM SERTOMA CLUB"

Deliver Between 11:00 AM and 11:30 AM _____ 11:30 AM and 12:00 Noon _____

Deliver Between 12:00 Noon and 12:30 PM _____ 12:30 PM and 1:00 PM _____

LUNCH ORDER TAKEN BY _____

WINSTON-SALEM SERTOMA CLUB MEMBER

For further information, Bill Clapp (336) 971-5919- (cell)

Address: Winston-Salem Sertoma Club, P.O Box 24581, Winston-Salem, NC 27114