

Join Now!
GRANNY'S PLACE 2024 CSA



2024 June 20th thru October 3th 2024

Name: _____

Email: _____

Address: _____ phone: _____

What share do you want?

___ REGULAR (small) Share (\$480) family of 3-5

___ SMALL(Individual) Share (\$320.00) 1-2 person

Please indicate how you will be paying. _____ Full amount _____ Deposit

Credit card # _____ exp _____ cvc _____

Payments can be made in full OR with an agreed upon payment arrangement by April 15, 2024.

*for credit card payments please contact us at grannysplace09@gmail.com

Please read and sign the agreement below:

I understand that I am making a financial commitment for a weekly supply of fresh produce. We will work with you but will not refund money paid, and that I will receive the items in the share and the variety of foods will be selected by the farm each week.

Signature: _____ Date: _____