Catering for a Cause

ORDER FORM

Date:_____ P.O. #:_____

CUSTOMER:

Name:_____

Company Name:_____

Street Address:_____

City:_____

State:_____ Zip:_____

Phone:_____

Email:_____

DELIVER TO:

Name:_____

Company Name:_____

Street Address:_____

City:_____

State:_____ Zip:_____

Phone:_____

NUMBER OF GUESTS	DELIVERY TIME	DELIVERY DATE

QTY	ITEM #	DESCRIPTION

1. An invoice will be generated for this order and sent to the person above.
2. This order will be placed in accordance with the menu prices, terms, delivery method, and specifications listed above.
3. We will notify you ASAP if we are unable to deliver as specified.
4. Please remit to:
   Email: dlorenzo@voaor.org
   Toll Free Fax: (866) 853-3451

Authorized by: _____ Date: _____

Phone: (503) 267-7490
Toll free fax: (866) 853-3451

Volunteers of America® OREGON

3910 SE Stark St.
Portland, OR 97214