

TAKE ONE!

ORDER FORM

Please fax order form to (907) 463-5703 or
Send to 3260 Hospital Dr. Juneau, AK 99801



NAME: _____
ADDRESS: _____
CITY STATE ZIP
PHONE NUMBER: (____) _____ - _____

PLEASE CHECK BOX

Lobster will be available for pick-up Saturday, September 24, 2011 at
Mendenhall Auto from 10:00 am-6:00 pm

- 1/2 Lb. Frozen Lobster Tail \$20.00 ea. or 4 for \$75.00 Quantity _____
- 1 1/4 -1 1/2 Lb. Live Lobster \$40.00 ea. or 4 for \$150.00 Quantity _____

All orders need to be placed by
Friday, September 9, 2011

TOTAL SALES \$ _____

PAYMENT INFORMATION

PAYMENT METHOD: VISA MASTERCARD
 CASH CHECK

CARD NUMBER _____ - _____ - _____ - _____
EXP DATE _____ CVV _____
SIGNATURE _____

More information available
at
www.brhfoundation.org

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