

FOOD *sense*

A MONTHLY FOOD
CO-OP FOR EVERYONE



PAYMENT SUMMARY FORM

MONTH/YEAR: _____

SITE: _____

NO. OF UNITS ORDERED _____	x	\$20.00 EACH	= _____
NO. OF SPECIAL #1 ORDERED _____	x	_____ EACH	= _____
NO. OF SPECIAL #2 ORDERED _____	x	_____ EACH	= _____
NO. OF SPECIAL #3 ORDERED _____	x	_____ EACH	= _____
NO. OF SPECIAL #4 ORDERED _____	x	_____ EACH	= _____
NO. OF SPECIAL #5 ORDERED _____	x	_____ EACH	= _____
NO. OF SPECIAL #6 ORDERED _____	x	_____ EACH	= _____
ADJUSTMENTS FROM PREVIOUS MONTHS (IF YOU OWE MONEY OR HAVE A CREDIT)			= _____
		TOTAL ENCLOSED	= _____

AMOUNT OF EACH FORM OF PAYMENT:

CHECK	= _____
FOOD STAMP VOUCHER	= _____
MONEY ORDER	= _____
TOTAL ENCLOSED	= _____

FOOD STAMP VOUCHERS: PLEASE WRITE YOUR SITE NAME ON THE TOP LEFT CORNER OF EACH VOUCHER. IF YOU MAIL FOOD STAMP VOUCHERS, WE ENCOURAGE YOU TO SEND THEM BY REGISTERED MAIL FOR YOUR PROTECTION. YOU MAY ALSO WANT TO INSURE THE PACKAGE FOR THE VALUE OF THE FOOD STAMP VOUCHERS. YOU SHOULD NOT USE CERTIFIED MAIL OR A "RETURN CARD".

INFORMATION OF PERSON SENDING PAYMENT:

NAME: _____
 ADDRESS: _____
 ADDRESS LINE 2: _____
 PHONE NUMBER: _____

PLEASE MAIL PAYMENT AND THIS FORM TO:

FOOD BANK OF CENTRAL NEW YORK
 7066 INTERSTATE ISLAND RD.
 SYRACUSE, NY 13209

PLEASE ALLOW ENOUGH TIME FOR PAYMENT TO REACH THE FOOD BANK BY THE DUE DATE. THIS ALLOWS US TO PAY FOR THE FOOD IN ADVANCE AND KEEP THE PRICES LOW. FOOD WILL NOT BE DELIVERED IF FULL PAYMENT HAS NOT BEEN RECEIVED.

