Time for Health

Order Form

Orders Must be submitted by Thursday 2pm each week Email forms to timeforhealth19@gmail.com Ph 403-862-5600



Order off the set weekly menu (5 meals or 10 meals) or as individual meals (a la carte) if you want to choose only certain items.

Product Code	Description (Meal Name)	Quantity	Price	Total
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				7
				\$ -
				\$ -
	Total			\$ -
	GST 5%	5%	0%	
	Total with taxes			\$ -
	All Orders must be PAID for by Thursday at 4pm or			
	they will be NOT be delivered			
	Credit card or email transfer accepted (email			
	lexiwright19@gmail.com) or you can call 403-862-			
 	5600 with credit card details			
	Credit Cord Datails			
	Credit Card Details			
Name on Card		Card Type		
Credit Card Number		Card Expiry (mm/yy)		
Credit Card CVV (security Code)		,,,,,,,,,,		
Security code;		L	<u> </u>	l