

Midterm Care Package Order Form
Trinity Episcopal Church
www.trinitypocatello.org
Arthur Ave & Lander St, PO Box 1214
Pocatello, ID 83204
208-233-2640, info@trinitypocatello.org

ORDER BY FRIDAY, OCTOBER 8, 2021

*NOTE: Purchase price of \$20 must be paid BEFORE we can deliver.
At this time, only cash or personal check can be accepted.*

Recipient: _____

Day, time & location to deliver: (Please provide at least 2 options.)

Most deliveries will occur Tuesday, October 12 and Wednesday, October 13.

Phone number for backup delivery arrangements: _____

Name & contact information for person purchasing the Care Package. We will notify you after delivery.

Message for gift card: _____

Any allergies or other health concerns we should know about? _____

For office use only:

Payment received by:

Date & time:

For Delivery Team only:

Note successful delivery, date, time & place.

Note any unsuccessful attempt to deliver, date, time & place.