

*Congregation Am Echod Sisterhood
Lox Box/Deli Box Order Form*

<p>Lox Box \$30.00</p> <ul style="list-style-type: none"> ½ lb Lox (Nova or Salty) ½ Dozen Bagels 8 oz Plain Cream Cheese Large Ripe Tomato Large Juicy Onion Luscious Dessert 	<p>Deli Box \$30.00</p> <ul style="list-style-type: none"> ½ lb Kosher Style Corned Beef 1 lb Kosher Style Salami Loaf Seedless Rye Bread Kosher Style Dill Pickle Mustard Potato Chips (4 snack bags)
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Order Deadline: April 21st at Noon
Delivery/Pick Up on May 5th 8:30-11:00

Complete the form below

Make checks payable to: Am Echod Sisterhood.
Mail to: **15 Commerce Dr. Suite #115 Grayslake IL 60030**
Email questions to: loxbox@amechod.org

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____

Contact Phone number: _____

Email Address: _____

No. of Lox Boxes: _____ x \$30.00 = \$ _____

Nova: _____ Salty: _____

No. of Deli Boxes: _____ x \$30.00 = \$ _____

(For every 5 boxes, get 1 free) Order Total \$ _____

Pick Up Delivery (delivery by 11:00)

Please provide directions or nearest intersection: _____

Gift From: _____

Phone: _____

Gift Card Message: _____

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