

HAMENTASHEN *Order Form*

Shaarie Torah Sisterhood Annual Hamentashen Project

Please complete this form and mail it along with your cash or check to (credit cards accepted at pick-up):

Barbara Weiland / 8301 S.W. 64TH Ave. Portland, Oregon 97219-3179 / P: (971) 249-2658

Checks payable to: Congregation Shaarie Torah Sisterhood

****ONLY PRE-PAID ORDERS ARE GUARANTEED****

Ordered By: _____
(Please print clearly)

Day Phone: _____

Address: _____

Eve Phone: _____

E-Mail: _____

2019 PRICING: \$12/dozen or \$33/3 dozen (\$1 each for singles)

DOZEN FRUIT = _____ dozen and/or _____ single cookies

DOZEN MOEN (poppy seed) = _____ dozen and/or _____ single cookies

DOZEN APRICOT (Nut Free) = _____ dozen and/or _____ single cookies

TOTAL DOZEN: = _____ TOTAL COST (Please include *per address* shipping fee*): \$ _____

*IF YOU WOULD LIKE TO SHIP YOUR HAMENTASHEN, PLEASE FILL OUT THE BACK OF THIS FORM.

ALL MAIL IN ORDERS MUST BE RECEIVED BY FRIDAY, MARCH 8.

I WILL PICK UP MY ORDER (PLEASE CIRCLE):

Sun. Feb. 24, 1:30-3:30p
Mon. Feb. 25, 12:30-3p
Tue. Feb. 26, 12:30-8p
Wed. Feb. 27, 12:30-3p
Thu. Feb. 28, 10a-1p (office)
Fri. Feb. 29, 10a-1p (office)

Sun. March 3, 1:30-3:30p
Mon. March 4, 12:30-3p
Tue. March 5, 12:30-8p
Wed. March 6, 12:30-3p
Thu. March 7, 10a-1p (office)
Fri. March 8, 10a-1p (office)

Sun. March 10, 1:30-3:30p
Mon. March 11, 12:30-3p
Tue. March 12, 12:30-8p
Wed. March 13, 12:30-3p

Cut this tab as a personal reminder to pick up your Hamentashen

I will pick up _____ dozen fruit/moen or apricot Hamentashen at Congregation Shaarie Torah

At this date and time: _____. Note: Hamentashen freeze well when placed in freezer containers. Freshen by heating at a low temperature for a few minutes just before serving.

SHIPPING *Your Hamentashen*

Please fill out the information below to indicate whom the hamentashen should be shipped to.

RATES PER ADDRESS (additional fee): \$20 to ship 2-4 dozen / \$25.00 to ship 5-7 dozen. **(2 dozen minimum to ship)**

PLEASE ADD THE ADDITIONAL SHIPPING FEE TO YOUR TOTAL ORDER.

Questions? Please contact Barbara Weiland at (971) 249-2658

FAMILY #1

Name: _____

(please print clearly)

Address: _____

_____ dozen fruit _____ dozen moen

_____ dozen apricot

FAMILY #3

Name: _____

(please print clearly)

Address: _____

_____ dozen fruit _____ dozen moen

_____ dozen apricot

FAMILY #2

Name: _____

(please print clearly)

Address: _____

_____ dozen fruit _____ dozen moen

_____ dozen apricot

FAMILY #4

Name: _____

(please print clearly)

Address: _____

_____ dozen fruit _____ dozen moen

_____ dozen apricot