Logo, company name

Description automatically generated

# **SHARE Food Network Order Form**

**\*Please submit paper orders in Cafeteria by Friday, April 11 at 12:00 noon\***

***All menu items are subject to change due to availability.***

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEM** | **PRICE** | **QUANTITY** | **TOTAL** |
| **A. Value Package** | **$26** |  | **$** |
| **B. Cinco de Mayo Special** | **$20** |  | **$** |
| **C. Kielbasa Madness!** | **$12** |  | **$** |
| **D. Corned Beef Special** | **$25** |  | **$** |
| **E. Surf & Turf** | **$39** |  | **$** |
| **Order Total**  **1. PAY at a cafeteria register \***  **2. Attach receipt**  **3. Drop in SHARE order box** |  |  | **$** |

**\* *For orders outside of Frederick Health, and all orders paid with EBT, please leave a callback request at www.frederickhealth.org/SHARE. Call the SHARE hotline***

***240-566-7427 to request help with your order. \****

|  |  |
| --- | --- |
| **Please Initial** | **I will pick up my order at Frederick Health Village on Saturday, April 26 between 8:30 am - 10:00 am.**   * Enter from Monocacy Boulevard at the four-way stop-sign where the Frederick Health sign is located and follow signs for the West Entrance. * Distribution updates will be emailed on 04/24/2025. |
| **Please Initial** | **► I understand that SHARE food orders not picked up by the end of distribution will be donated.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Last Name** | **Email** | **Phone on pickup day** |
|  |  |  |  |

\*\*\*\*Please watch your email for a distribution update on 04/24\*\*\*\*