

Sender Name: _____ Sender Phone Number: _____
Recipient Name: _____ Recipient Phone Number: _____
Recipient Address: _____ State: _____ Zip Code: _____

Box Size (Layer) Box Type Insert Apples
Single Double Ribbon Leaf Foam Pulp Apple Variety (Varieties)

(Remember 3 or more Varieties is an additional charge)

Price: \$ _____ Requested Ship Date _____
Shipping & Handling: \$ _____
Total: \$ _____

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If not delivering in person, please make checks payable to Jacquie Nye.

Mail to: Jacquie Nye
 4700 Hollywood Road
 Saint Joseph, MI 49085

You can also call (269) 429-0596 to call your order in over the
and pay by credit card.
We may have to return your call if we are helping customers!