Gillam Co-op

Picking Order Form

Please send orders via e-mail to orders@gillamcoop.ca

Please select one: ☐ Pick-up time at: _____ am/pm

☐ Delivery to address: _____

Name: _____ **Co-op #** _____

Phone #: _____

Quantity	Size	Item Description	Substitute (circle yes or no)
PRODUCE			
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
MEAT/DELI			
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
FREEZER			
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No

DAIRY			
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
MISCELLANEOUS			
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No