



To Your Table Meal Subscription

June 2017 – 4 Week Session

June 2 – June 25

You will receive the best of First Slice each week AND directly contribute to funding the same high-quality meals for people in need! Join us at the table by completing the following registration and agreement.

*** Contracts are required from each subscriber for each session. ***

Name		
Primary Number		Secondary Number
Address		
City	State	Zip
e-mail (please write legibly!)		

Please check your subscription size:

<input type="checkbox"/> Family \$95.00/week (Tax included)	<input type="checkbox"/> Individual \$50.00/week (Tax included)
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Please indicate your payment option:

FULL SESSION PAYMENT OF: FAMILY \$380.00 INDIVIDUAL \$200.00	<input type="checkbox"/>
TWO HALF SESSION PAYMENTS OF: FAMILY \$190.00 INDIVIDUAL \$100.00	<input type="checkbox"/>
8 WEEKLY PAYMENTS OF: FAMILY \$95.00 INDIVIDUAL \$50.00	<input type="checkbox"/>
IF JOINING MID-SESSION: FAMILY \$95.00 X # OF WEEKS INDIVIDUAL \$50.00 X # OF WEEKS	<input type="checkbox"/>
TRIAL WEEK: FAMILY \$95.00 INDIVIDUAL \$50.00	<input type="checkbox"/>
	First Slice STAFF ONLY: Enter Trial Week # here: _____ Date Payment Received: _____ Barista Initials: _____

Want to give more?
Add your tax-deductible donation here.

+

GRAND TOTAL \$

Date _____
 Signature _____

By signing I agree to commit to the entire **four week** program.
 If I have done a trial week and elect to continue, I commit to the remainder of the session.
 I understand that prorating or customizing is only possible at the time of sign-up.
 Failure to make full and timely payment will result in exclusion from future sessions.

Date		Circle One: Cash Check	chk #:	Amount:	Received by: (pls initial)
Date		Circle One: Cash Check	chk#:	Amount:	Received by: (pls initial)