

Harvest Boxes

Please submit your order by 9am: **Monday, June 29th**

To place an order please call 517-679-6309 or email nina@eatredhaven.com

Your Name _____

Telephone _____

E-Mail Address _____

_____ **Green Giant Produce Box** \$25

_____ **½ Gallon Whole Milk** \$4

_____ **Rainbow Produce Box** \$28

_____ **½ Gallon Chocolate Milk** \$4

_____ **Peter Rabbit Produce Box** \$22

_____ **½ Gallon Lemonade** \$4

_____ **Meat Box** \$32

_____ **½ pint Whipping Cream** \$2

_____ **Dairy Box** \$22

_____ **1 pint Buttermilk** \$3

_____ **Rose Wine & Cheese Box** \$35

_____ **1 pound Butter** \$5

_____ **Red Wine & Cheese Box** \$35

_____ **6 oz Meat Sticks** \$4.50

_____ **White Wine & Cheese Box** \$35

_____ **2 x 16oz ny strip steaks** \$30

_____ **Coffee Box - Menage** \$18

_____ **whole chicken** \$18

_____ **rack baby back ribs** \$10

_____ **1 pound bacon** \$9

Pick Time: **Thursday, July 2nd**

_____ 11:30-1:30

_____ 2:00-4:00

_____ 4:30-7:00

Credit Card Number _____

Expiration Date _____ CVV _____ Billing Zip Code _____

Signature of Card Holder _____

Optional Gratuity _____

Total _____ **(applicable taxes may apply)**

Family Meals July 2-3rd

To allow us enough time to order and prepare your meal, please submit your order at least 3 days before your pick up date.

To place order please call 517-679-6309 or email nina@eatredhaven.com

Your Name _____

Telephone _____

E-Mail Address _____

_____ **Pig Roast** \$65 (small)

_____ **Shrimp Grill Kit** \$95

_____ **Pig Roast** \$205 (large)

_____ **Burger Grill Kit** \$95

_____ **Shrimp Meal** \$45 (small)

_____ **Hot Dog Grill Kit** \$95

_____ **Shrimp Meal** \$115 (large)

Dessert Sampler Pack

_____ **Veggie Kebab** \$40 (small)

_____ **pick 4** \$24

_____ **Veggie Kebab** \$95 (large)

_____ **pick 6** \$32

_____ **Ball Park** \$40 (small)

_____ tres leches

_____ **Ball Park** \$105 (large)

_____ berry crisp

_____ **Quiche** \$38 (small)

_____ chocolate bowl

_____ **Quiche** \$76 (large)

Orders will be served hot and can be picked up 5:00-8:00pm

Preferred Pick Up Time: _____

_____ Thursday, July 2nd

_____ Friday, July 3rd

Credit Card Number _____

Expiration Date _____ CVV _____ Billing Zip Code _____

Signature of Card Holder _____

Optional Gratuity _____ **Total** _____ **(applicable taxes will apply)**