

Harvest Boxes

Please submit your order by 11 am: **Monday, September 28th**

To place an order please call 517-679-6309 or email redhavenharvest@gmail.com

Your Name _____

Telephone _____

E-Mail Address _____

_____ **Fall Foliage Produce Box** \$30

_____ **½ Gallon Whole Milk** \$4

_____ **Soups On Produce Box** \$28

_____ **½ Gallon Chocolate Milk** \$4

_____ **Garden Galaxy Produce Box** \$30

_____ **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

_____ **10-12 oz trout filet** \$10

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

_____ **1 # ground bison** \$12

_____ **Coffee Box** \$18

_____ **1 # skirt steak** \$13

_____ **1 # pork chops** \$10

Pick Time: **Thursday, October 1st**

_____ 11:30-1:30

_____ 2:00-4:00

_____ 4:30-7:00

Use Card on File _____ Keep Card on File for future orders _____

Credit Card Number _____

Expiration Date _____ CVV _____ Billing Zip Code _____

Signature of Card Holder _____

Optional Gratuity _____

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

Family Meals October 1st - 3rd

To allow us enough time to order and prepare your meal, please submit your order by end of day Tuesday, September 29th

To place order please call 517-679-6309 or email redhavenharvest@gmail.com

Your Name _____

Telephone _____

E-Mail Address _____

_____ **Chili** \$50 (small)

Dessert Sampler Pack

_____ **Chili** \$125 (large)

_____ **pick 1** \$8

_____ **Autumn Chicken** \$55 (small)

_____ **pick 4** \$24

_____ **Autumn Chicken** \$135 (large)

_____ **pick 6** \$32

_____ **Butternut Lasagna** \$50 (small)

_____ sweet potato pie

_____ **Butternut Lasagna** \$125 (large)

_____ apple crisp

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

_____ peanut butter parfait

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

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

Preferred Pick Up Time: _____

_____ Thursday, October 1st

_____ Friday, October 2nd

_____ Saturday, October 3rd

Use Card on File _____ Keep Card on File for future orders _____

Credit Card Number _____

Expiration Date _____ CVV _____ Billing Zip Code _____

Signature of Card Holder _____

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