



Order Form



Thank you for your order!

THREE OPTIONS:

1. **PHONE** your order in by calling 517-764-3141.
2. **Complete this form and FAX** it to 517-764-0320.
3. **Complete this form and MAIL** it along with your payment to:

Gilbert Chocolates - 273 Ackerson Lake. Dr. - Jackson Michigan 49201

Your chocolates will be shipped to you upon receipt of your order and are guaranteed to arrive fresh and delicious!

Name _____ Phone _____ - _____ - _____

Address _____ City _____

State _____ Zip _____

e-mail address _____ @ _____

Date of order ___ / ___ / ___ Gilbert's Ship Date (For Gilbert use only) ___ / ___ / ___

Check here if you would like to be placed on our e-mail list for specials and promotions.
(We do not share your e-mail address or other information with anyone.)

item	quantity	price	totals
Deluxe - 1/2 pound of chocolates		\$8.50	
Deluxe - 1 pound of chocolates		\$16.00	
Deluxe - 2 pounds of chocolates		\$31.00	
Delicious Assortment - 1/2 pound of chocolates		\$8.50	
Delicious Assortment - 1 pound of chocolates		\$16.00	
Delicious Assortment - 2 pounds of chocolates		\$31.00	
Creams Assortment - 1/2 pound of chocolates		\$8.50	
Creams Assortment - 1 pound of chocolates		\$16.00	
Creams Assortment - 2 pounds of chocolates		\$31.00	
Very Best Assortment - 1/2 pound of chocolates		\$8.50	
Very Best Assortment - 1 pound of chocolates		\$16.00	
Very Best Assortment - 2 pounds of chocolates		\$31.00	
Panama Assortment - 1/2 pound of chocolates		\$9.50	
Panama Assortment - 1 pound of chocolates		\$18.00	
Panama Assortment - 2 pounds of chocolates		\$35.00	
Assorted Nuts - 1 pound of chocolates		\$18.00	
Milk Pecans - 1 pound of chocolates		\$18.00	
Milk Pecans - 2 pounds of chocolates		\$35.00	
Chocolate Covered Cherries - 1 pound		\$18.00	
Add Postage: \$7.00 for 1st pound, \$2.00 for each additional pound.		Postage	
		Total Cost	

Please make your check or money order payable to Gilbert Chocolates.

Pay by credit card by completing the information below:

Circle one:



Credit Card Number _____

Expiration Date ____/____

Name on Card _____

Billing Address (if different from shipping address): _____

City _____ State _____ Zip _____