



Taste of Hudson 2015

Presented by, Akron Children's Hospital

Dining Card Order Form

For Advance Orders

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone: _____

E-mail address: _____

I wish to purchase the following Taste of Hudson Dining Cards:

Quantity of Cards: _____ X \$20/each = \$ _____

Payment method: MC or Visa Accepted. Checks also accepted for mail orders. Please do not remit cash.

MasterCard Visa Check # _____ (Payable to: Taste of Hudson)

Credit/Debit card # _____ Exp. Date: ____/____

Name as it appears on card: _____

Billing address of card: _____

Signature: _____

Order by phone by calling **Henning Industrial Software, Inc.** at 330.650.4212

Order can be emailed to billie@henningsoftware.com

Order can be faxed to 330.528.0397

Order by mail by completing this form and mailing to:

Taste of Hudson, PO Box 312, Hudson OH 44236-0312

Advance orders will be mailed beginning August 15, 2015 to the address above.