



The Workshop Community Meals Payment Form

Name: _____

Dates you would like to receive a meal:

Payment Amount:

_____ (how many meals) X \$6.00 (Galena/in city limits) = \$ _____

_____ (how many meals) X \$7.00 (Galena/out of city limits, Hanover, Elizabeth) = \$ _____

Payment Type:

____ Cash

____ Check