



LANCASTER AREA  
**Celiacs**

# Co-op Order Form

Questions? (717) 367-9308 or [www.lancasterareaceliacs.org](http://www.lancasterareaceliacs.org)

Return form with payment to: John Bridgen, 549 Lime Street, Elizabethtown, PA 17022

## Customer Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Item #	Description (Mfg, Package Size, etc)	Qty	Price	Item Total
<b>Sub-Total</b>				
<b>2% Co-op Fee (multiply sub-total by 0.02)</b>				
<b>Grand Total</b>				