CARRY-OUT ORDER FORM

TO: **La Provence**
105 Thoreau Street
Concord, MA 01742
Tel: 978-371-7428 Fax: 978-287-4221

RE: Carry-out order for _____ (PLEASE WRITE THE DATE YOUR ORDER IS FOR.)

FROM:

YOUR NAME: _____
ADDRESS: _____
_____
PHONE: _____ FAX: _____

YOUR ORDER:

(PLEASE CHECK ONE.)
o Pick-up OR o Delivery
TIME OF PICK-UP: _____ TIME OF DELIVERY: _____
DELIVER TO: o Same address as above
o Different address from above.
(PLEASE WRITE THE ADDRESS BELOW.)
_____
_____
_____

FOOD ITEMS:

QUANTITY	DESCRIPTION