DOC`S DELI FAX FORM FAX TO: 419-775-7776

Order Name _____ Phone number _____

Pick-up time _____ OR Delivery time _____

Deliver To _____

Directions and/or special instructions _____

***PLEASE NOTE*: We suggest that you call ahead to find out what our delivery schedule is for the day.**
On orders for up to 25 people, please fax your order at least *2 hours* in advance of delivery time.
On orders for over 25 people, please fax your order at least *24 hours* in advance of delivery time. THANK YOU!

NAME	SANDWICH: specify whole or half SALAD: specify small or large *Please list either a named choice or all ingredient choices.*	SOUP Cup or Bowl	Extra items and/or special instructions