Tel: 215.393.5800 Fax: 215.393.5802 www.pumpernicksdeli.com



917 Bethlehem Pike North Wales, PA 19454 Diagonally Across from "The Montgomery Mall"

All catering orders must be p	laced with a minimum of 2	24 hours advanced	notice. We	will call	you to co	nfirm th	e order upon receiving this fax.
Your Name		Co	o. Name				
Your Phone #	Fax #			_ Email	l:		
Co. Address							
City				State			p
Billing Info: □House Charg	e Acct. Company Chec	ck 🗆 Credit Card	d 🗆 Cash	Name or	Card		
Card #		Exp. Date:			Billing Zip Code		
☐ (Please Securely Save M	1y Billing Information For	Future Use)					
Please Deliver on: Date	(Circle Day) M	T W	V Th.	F	Sat.	Sun.	Time: Please Allow 15 Minutes leeway time
☐ <u>PICK UP</u> ☐ <u>DELIV</u>	ERY Co. Name:						
Deliver This Order To:	Address:						Suite #
	Attention:			Ph	ione		
Number of People							
Beverages: (2Liter Sodas/ Iced Tea)							er (20oz)
Assorted Pastry Dessert (2 lb	. Minimum/Tray)		Additiona	.1			
Fruit Salad Bowl: SM (aper Goods 🗆 yes 🗆 No
Tip (Optional)			Signe	itura			