

Valentines Day

CHOCOLATE COVERED STRAWBERRIES

ALL PROCEEDS TO BENEFIT C.A.R.E

ORDER DEADLINE: FEBRUARY 6TH, 2026

Place your order by returning this form to the front desk at Gordon Memorial Hospital, emailing this form to sharris@gordonmemorial.org, or faxing it to (308) 282- 6109.

Box 1
\$60

1 Dozen Strawberries
1 Dozen Cheesecake Bites

Box 2
\$35

6 Strawberries
6 Cheesecake Bites

Box 3
\$20

3 Strawberries
3 Cheesecake Bites

Box 4
\$5

1 Strawberry

NAME _____

PHONE _____

Box 1: (qty) _____

Box 2: (qty) _____

Box 3: (qty) _____

Box 4: (qty) _____

Strawberries will be ready for pickup at Gordon Memorial Hospital at 1PM on Feb. 13th
Deliveries will be made Feb. 13th before 5PM.

DELIVERY? Y/N

(Gordon, Rushville & Hay Springs)

To: _____

Address: _____

To: _____

Address: _____

To: _____

Address: _____

Additional \$5 charge **per** delivery.

PAYMENT INFO

(Payment due at time of order)

Total Amount Paid _____

*Please make checks payable to
Gordon Memorial Activities Committee*

Office Use only

Date Received _____

Cash/ Check # _____

Strawberry Total _____