

**Village name** \_\_\_\_\_

**Resident name** \_\_\_\_\_

**Townhouse / Apartment number** \_\_\_\_\_

**Email** \_\_\_\_\_

Orders placed before 12pm on Monday will be delivered on Wednesday, orders placed before 12pm Wednesday will be delivered on Friday



**Mix box of fresh vegetables**

**\$18.00**



**Mix box of fresh fruit**

**\$20.00**



**Full packet (12 fresh) eggs**

**\$7.00**

**OR**

**Half packet (6 fresh) eggs**

**\$3.50**

I authorise Ryman Healthcare Limited to invoice me separately for this order. I understand this invoice will be in addition to my normal monthly fees which will continue to be processed in the normal way. Instructions on how to pay will be included on the invoice.

**Total Cost** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signed** \_\_\_\_\_

Office use only: Scan and email to [fruittalk1@gmail.com](mailto:fruittalk1@gmail.com)