

## Aroma Dolce Order Form

Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Evening Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please select the type of **Aroma Dolce** coffee and the number of boxes you would like to order.

House Blend \_\_\_\_\_ Number of boxes \_\_\_\_\_ X \$29.95 = \_\_\_\_\_

Decaf \_\_\_\_\_ Number of boxes \_\_\_\_\_ X \$34.95 = \_\_\_\_\_

Total Due: \_\_\_\_\_

***If you would like to support our students  
by ordering monthly please check here \_\_\_\_\_***

**Pick-up Options** (*Please mark one*)

**Middle/High School Building** \_\_\_\_\_

(*939 South State Street, Westerville, Ohio 43081*)

**School Age Building** \_\_\_\_\_

(*5747 Cleveland Avenue, Columbus, Ohio 43231*)

**Pre-school Building** \_\_\_\_\_

(*2655 Oakstone Drive, Columbus, Ohio 43231*)

**Payment Methods:**

Cash \_\_\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_

(*Make Checks Payable to Oakstone Academy*)

Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Payment Must be Included with Your Order**