

**Angel  
Food  
Ministries**



*"A Food Ministry With A  
Servant's Heart"*



There is no qualification process required to take advantage of this ministry. Arms of Grace Lutheran Church is proud to partner with Angel Food Ministries and offer this program in the Winder and surrounding areas.

**How the Program Works:** Fill out the order form attached and mail it to **Arms of Grace Lutheran Church at 22 S. Williams Street, Winder, GA 30680**. Make checks payable to **Arms of Grace**. Orders and payment must be received no later than the deadline date. **NO EXCEPTIONS**. On the designated delivery date bring a box with you and pick up your order! It's that simple. If you have any questions, please feel free to contact Robin Kasten at 678-261-4667.

**ORDER MUST BE RECEIVED BY: Thursday, January 14, 2010 no later than 6:00 PM.**  
**Last minute orders may be deposited in the mail slot in the front door of the church by 6:00 PM. Pick-Up at Arms of Grace: Saturday, January 23, 2010, 8:00 AM – 9:30 AM**

-----Tear off and mail-----

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**Signature Box: Quantity:** \_\_\_\_\_ **@ \$30.00 each**

**Senior Box: Quantity:** \_\_\_\_\_ **@ \$28.00 each**

**Allergen-Free Box: Quantity:** \_\_\_\_\_ **@ \$23.00 each**

**Seafood Box: Quantity:** \_\_\_\_\_ **@ \$35.00**

**Special #1: Quantity:** \_\_\_\_\_ **@ \$23.00 each**

**Special #2: Quantity:** \_\_\_\_\_ **@ \$22.00 each**

**Special #3: Quantity:** \_\_\_\_\_ **@ \$18.00 each**

**Special #4: Quantity:** \_\_\_\_\_ **@ \$32.00 each**

**Special #5: Quantity:** \_\_\_\_\_ **@ \$22.00**

**In addition to my payment I would like to sow a seed of Blessing into Arms of Grace to help further the outreach efforts of the Angel Food Ministry in the amount of \$** \_\_\_\_\_

**Total Enclosed:** \_\_\_\_\_ **Make checks payable to: Arms of Grace**

**EBT/Debit Card/Credit Card orders please fill out following information: CIRCLE CARD TYPE.**

**Mastercard**\_\_\_ **Visa**\_\_\_ **American Express**\_\_\_ **Discover**\_\_\_ **EBT**\_\_\_

**Cardholder Name:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Credit Card Security Code:** \_\_\_\_\_ **(for credit/debit card purchases)**

**Amount of purchase:** \_\_\_\_\_ **Signature:** \_\_\_\_\_