



## Taste of Hudson 2011

*Presented by, Akron Children's Hospital, Akron General  
and Time Warner Cable.*

### Dining Card Order Form

**For Advance Orders**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

***I wish to purchase the following Taste of Hudson Dining Cards:  
(\$20 minimum purchase)***

	\$20.00	\$30.00	\$40.00	\$50.00	Other \$	Total Amount
# of cards						

**Payment method:** MC or Visa accepted for fax or mail orders. Checks also accepted for mail orders. Please do not remit cash with mail orders.

MasterCard    Visa    Check # \_\_\_\_\_ (Payable to: Taste of Hudson)

Credit/Debit card # \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Billing address of card: \_\_\_\_\_

Signature: \_\_\_\_\_

Order by phone by calling **Henning Industrial Software, Inc.** at 330.650.4212

Order can be faxed to 330.528.0397

Order by mail by completing this form and mailing to:

Taste of Hudson, PO Box 312, Hudson OH 44236-0312

*Advance orders will be mailed, beginning August 8, 2011 to the address above.*