



# Taste of Hudson 2008

Presented by Summa Health System and Akron Children's Hospital

## 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    Debit Card    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 July 1, 2008, to the address above.*