2026 PACZKI ORDER FORM

Total Dozen:_____

Circle pick up date:
(THUR) (FRI) (SAT) (MON) (TUE)

FIRST & LAST NAME:_____

Date: (2/ /26) Pick-Up Time:_____

Phone#:_____ (Write quantity on line)

	Glazed Powdered
Apple	_____G _____P
Blueberry	_____G _____P
Cherry	_____G _____P
White Cream	_____G _____P
Cream Cheese	_____G _____P
Chocolate Custard	_____G _____P
Custard	_____G _____P
Lemon	_____G _____P
Maple Cream	_____G _____P
Strawberry	_____G _____P
Red Raspberry	_____G _____P
Prune	_____G _____P
Plain (No filling)	_____G _____P