ÉPICERIE COOP GROCERY

DATE: _____ MEMBERSHIP NUMBER: _____

NAME: _____

PHONE: _____

EMAIL: _____

Please be as clear as possible and indicate the **quantity**, the **size** and the **brand** (if applicable).

As possible, group similar products together to make it easier to prepare your order (i.e., fruits and vegetables, meats, canned goods, cereals, snacks, cleaning products, etc.)

In the "substitution" column, please indicate if you want a replacement product (another flavour of yogurt or another type of frozen fruit, etc.). Coop employees can use the last column to indicate if a product is unavailable.

Send by e-mail to epicerie.moonbeam@gmail.com

ORDER	SUBSTITUTION	(NOT AVAILABLE)