

GROCERY ORDER FORM	
DATE:	

Please provide as much information as possible for each item to assist with the picking of your order. To view our online flyer, go to <a href="www.gatewayco-op.crs/sites/gateway/">www.gatewayco-op.crs/sites/gateway/</a></a>
Return completed form to <a href="mailto:gateway.coop@sasktel.net">gateway.coop@sasktel.net</a>

CUSTOMER NAME						
CO-OP MEMBER NUMBER PHONE NUMBER						
ORDER IS FOR: OPICK-UP Reque	sted Pick-	up DAT	E			
O DELIVERY: DELIVERY ADDRESS	S					
PAYMENT TYPE: E-Transfer Online	Payment (	Cash	Cheque			
Mobile Debit/Credit (Ca		_		y)		
	CYZE	O/DX/	SUBSTITUT	TIONS ACC	EPTED?	
<b>DESCRIPTION</b> (including BRAND)	SIZE	QTY.	ANY	BRAND	SIZE	

DECOMPOSION (* 1. P. DDAND)	SIZE	OTEX	SUBSTITU	TIONS ACC	EPTED?
<b>DESCRIPTION (including BRAND)</b>		QTY.	ANY	BRAND	SIZE
Please note, Gateway Co-op will do our best to fil	l your orde	r as per yo	our request. If	you indicate t	hat you ar
willing to accept substitutions for an item, it may					
or an item that is not on sale. During this time, we	· ·				
hat at the present time, we are not able to accept i		_			, F
Thank-you for shopping at Gateway Co-op!		oro <b>ude</b> t.			
mank you for shopping at Gateway 60 op.					
To be completed by Gateway Co-op:					
Order picked:	Order pro	ocessed thro	ough till:		
Number of pieces in freezer for order:	Addition	al Commen	its:		
Number of pieces in cooler for order:					
Number of pieces in warehouse for order:					

CUSTOMER NAME \_\_\_\_\_\_DATE: \_\_\_\_\_