

LMHS Military Support and Mason's Bakery and Honeybaked Ham Order Form 2009

Orders may be placed by sending a completed reservation form with a check or money order to **LMHS Military Support, PO Box 2218, Fort Myers FL 33902**. For payroll deductions, fill in the information below and **fax to 343-9691 or 343-9699**.
 Deadline to place your order is **Friday, November 20, 2009**. No refund if order is not picked up at pick up time shown below.

\$3.06 of every pie and \$5 every dessert tray and fruit basket cake, \$5.00 and 10% total sales of meat goes towards the Military Support Fund. Thank you for supporting our troops and their families! This money helps us with postage and other items our soldiers and their families need.

Honeybaked Ham Offer	How Many?	Cost	Meat Total	Mason's Bakery Offer	How Many?	Cost	Dessert Total
7 lb. Spiral Ham		\$ 47		Pecan, 9"		\$ 14	
9 lb. Spiral Ham		\$ 60		Apple, 9"		\$ 12	
2 ½ - 3 lb. Roasted Turkey Breast		\$ 25		Pumpkin, 9"		\$ 12	
2 ½ - 3 lb. Smoked Turkey Breast		\$ 25		Chocolate Cream, 9"		\$ 12	
(Serves 8-12)				Peanut Butter Cream, 9"		\$ 12	
12 lb. Whole Roasted Turkey fully cooked		\$ 40		Key Lime, 9"		\$ 12	
12 lb. Whole Smoked Turkey fully cooked		\$ 40		Fruit Basket Cake		\$ 25	
12 lb. Whole CAJUN Deep Fried Turkey		\$ 40		Mini Assorted Dessert		\$ 20	
(Serves 11-13)				Boxes, 30 pieces			

Which Campus and Date of Delivery?

- LMH Cafeteria 11/24
- HP Atrium 11/24
- Gulfcoast Cafeteria 11/24
- Santa Barbara 11/23
- Cape Coral Lobby 11/23

Employee Last Name _____ First Name _____ ID# _____ email: _____

Department Name/Location _____ Daytime Phone # _____ Fax _____

AUTHORIZATION FOR PAYROLL DEDUCTION

As an employee of Lee Memorial Health System (LMHS) I wish to participate in an event sponsored by the Staff Activities Committee (SAC). LMHS offers payroll deduction in order to encourage employee participation in SAC sponsored events and to foster positive employee relations. My participation will be made possible through deductions from my paycheck. Thus, I, the undersigned, do hereby authorize \$_____ to be deducted from my pay each pay period, until the sum of \$_____ is deducted. **MAXIMUM 4 PAYCHECKS MAY BE PAYROLL DEDUCTED.** Upon the occurrence of one of the following events, I request that deductions cease and the total amount deducted be issued to me: (1) the sum listed above is reached; (2) my employment with LMHS is terminated for any reason; (3) the event is canceled by me or event organizer for any reason; (4) LMHS ceases to provide payroll deductions for SAC events; or (5) at my direction for any reason. I agree and acknowledge that any agreement regarding payment for the event is solely between the event organizer and me. Any financial responsibility for the event remains solely with me. Neither LMHS, nor the SAC, is a party to any such agreement and neither LMHS, nor the SAC, bears any financial responsibility for payment of the event.

Employee Signature: _____ Witness Signature: _____ Date _____

Special thanks to Mason's Bakery and HoneyBaked Ham Company for helping the LMHS Military Support Committee so that we may support the soldiers and their families within Lee Memorial Health System and Lee County. Questions? Call Kim Gaide at 343-9690.