

ATLANTIC GENERAL HOSPITAL ASSOCIATES CAMPAIGN FALL 2021 JOE CORBI'S SALE ORDER FORM

NAME:	EMPLOYEE ID:
EMAIL:	PHONE:
DEPARTMENT:	OFFICE LOCATION:

	ITEM #	ITEM	PRICE EACH	ORDER QUANTITY	TOTAL PRICE
PIZZAS & CALZONES	5010	CHEESEY GARLIC FRENCH BREAD PIZZA (6)	\$20.00		\$
	5015	PEPPERONI FRENCH BREAD PIZZA (6)	\$20.00		\$
	5016	THREE MEAT FRENCH BREAD PIZZA (6)	\$20.00		\$
	5100	CHEESE PIZZA (3)	\$25.50		\$
	5101	PEPPERONI PIZZA (3)	\$27.75		\$
	5102	SAUSAGE PIZZA (3)	\$27.75		\$
	5103	WHITE PIZZA (3)	\$26.50		\$
	5104	WHOLE WHEAT PIZZA (3)	\$27.00		\$
	5105	GLUTEN FREE PIZZA (4)	\$27.50		\$
	5200	JOE JRS.® CHEESE (8)	\$24.50		\$
	5201	JOE JRS.® PEPPERONI (8)	\$26.25		\$
	5202	JOE JRS.® BREAKFAST BACON (8)	\$26.25		\$
	5300	CHEE-ZEE® BREAD (12)	\$25.00		\$
	5410	PEPPERONI & CHEESE CALZONES (6)	\$25.00		\$
	5411	PHILLY CHEESESTEAK CALZONES (6)	\$25.00		\$
COOKIES	6000	MILK CHOCOLATE CHIP	\$18.00		\$
	6001	SEMI-SWEET CHOCOLATE CHIP	\$18.00		\$
	6003	M&M'S®	\$18.00		\$
	6004	OATMEAL RAISIN	\$18.00		\$
	6005	MILK CHOC PEANUT BUTTER CUP	\$18.00		\$
	6006	WHITE CHOCOLATE MACADAMIA NUT	\$18.00		\$
	6007	COOKIE LOVERS VARIETY	\$20.00		\$
	6008	CARAMEL APPLE CRUNCH	\$18.00		\$
	8718	SNICKERDOODLE CINNABON®	\$20.00		\$
SNACKS & DESSERTS	1014	PUMPKIN ROLL	\$17.00		\$
	1015	TRADITIONAL SOFT PRETZELS	\$17.00		\$
	1020	JALEPEN0 PRETZEL POPPERS	\$18.00		\$
	1030	CHURROS (12)	\$18.00		\$
	1034	BLACK BOTTOM CUPCAKES	\$18.00		\$
	1040	PRETZEL DOGS	\$20.00		\$
	3040	NEW YORK STYLE PLAIN CHEESECAKE	\$20.00		\$
	3055	REESE'S® PB CUP CHEESECAKE	\$21.00		\$
	3066	VARIETY CHEESECAKE	\$23.00		\$
	3099	GOURMET CINNAMON ROLLS	\$20.00		\$
	4000	GOURMET APPLE PIE	\$20.00		\$
	4010	STRAWBERRY CRÈME CAKE	\$20.00		\$
	4025	ALL BUTTER POUND CAKE	\$19.00		\$
	4020	LEMON COOLER CAKE	\$20.00		\$
GRAND TOTALS:					\$

Payment Type: ☐ Cash ☐ Check # _____ ☐ Credit/Debit Card ☐ Payroll Deduction

Please return completed order form with cash or a check made out to AGH Foundation or the appropriate payment form for credit/debit card or payroll deduction to Jennifer MacIntosh by 5:00pm on Monday, November 29, 2021.

Interoffice Mail: Box #20 | Scan & Email: jmacintosh@atlanticgeneral.org

Please keep a copy and bring it with you to pick up your order. Orders must be checked and signed for when picked up.

ALL SALES ARE FINAL. NO REFUNDS OR EXCHANGES.



FY22 Associates Campaign
Fall 2021 Joe Corbi's Sale
Sale Ends Monday, November 29, 2021

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize Atlantic General Hospital (AGH)
to deduct \$_____ (total dollar amount) from my pay,
with a deduction amount of \$_____ per pay period,
over _____ (maximum allowable is 4) consecutive pay periods.

In the event I resign or my employment is terminated from AGH, the balance due will be deducted from any monies owed to me at the time of my resignation or termination. If this amount is insufficient to fully satisfy the payment of the balance, I will make arrangements to repay the balance prior to my last day of employment. In addition, I will be responsible to pay all attorney fees and court costs that are the result of failure to pay the balance owed when due.

Associate Name (PRINT): _____ Employee ID: _____

Associate Signature: _____

Dept. & Cost Center: _____ Date: _____

CREDIT/DEBIT CARD AUTHORIZATION

Associate Name (PRINT): _____ Employee ID: _____

Name on Card (PRINT): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____

Card Number: _____ Exp. Date: _____ CVV: _____

I agree to a one-time charge to my credit/debit card in the amount of \$ _____

Signature: _____ Date: _____