



Send a Smile Program

Sender's Name: _____

Sender's Phone Number: _____

Date of Delivery: _____

Recipient Name: _____

Recipient Email: _____

Recipient Phone Number: _____

*Recipient will be notified the day of the event to pick up their surprise

Payment Information:

Name on card: _____

Card #: _____ CVC: _____

Expiration Date: _____

- | | |
|--|---------|
| <input type="checkbox"/> Cookie Cake – Chocolate Chip | \$18 |
| <input type="checkbox"/> Gluten Free Cookie Cake – Chocolate Chip | \$22 |
| <input type="checkbox"/> Brownie Platter | \$10 |
| <input type="checkbox"/> Frosted Brownie Platter | \$13 |
| <input type="checkbox"/> Large Cupcake | \$2.25 |
| <input type="checkbox"/> Cookies by the Dozen – Chocolate Chip, M&M, Peanut Butter | \$8.50 |
| <input type="checkbox"/> Gluten Free Cookies by the Dozen | \$13.95 |
| <input type="checkbox"/> Card (Happy Birthday, Congratulations, Get Well Soon, Thinking of You, Thank You) | \$3.99 |
| <input type="checkbox"/> Party Supplies (Per package of 6: Plates, Forks, Knives, Napkins) | \$2 |

We must receive your order at least seven days before the event.
Place your order by calling 941.487.4270 Monday through Friday between 7:00 a.m. – 3:00 p.m.
or submit online at ma4021@metzcorp.com