## North & Clark Cafe
### Boxed Lunch
### Menu Options

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Sandwich Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td><strong>Clark Street BLT</strong>: Applewood-Smoked Bacon, Lettuce, Tomato, Mayonnaise, Challah</td>
</tr>
<tr>
<td>______</td>
<td><strong>Gold Coast Veggie</strong>: Artichoke, Roasted Bell Peppers, Sun Dried Tomatoes, Pesto, Spinach, Provolone Cheese, Tomato Focaccia</td>
</tr>
<tr>
<td>______</td>
<td><strong>Lakeshore Tuna</strong>: Homemade Tuna Salad, Cheddar Cheese, Lettuce, Tomato, Croissant</td>
</tr>
<tr>
<td>______</td>
<td><strong>North Side Turkey</strong>: Oven Roasted Turkey Breast, Smokehouse Bacon, Avocado, Lettuce, Tomato, Mayonnaise, Multigrain</td>
</tr>
</tbody>
</table>

**Included:**
Homemade Chips, Chef’s Choice Cookie, Soft Drink or Water
Salt, Pepper, Napkin, Hellmann’s Mayonnaise and Yellow Mustard Packets

$17.00 per person + 10.5% tax.

**A $50.00 service fee will be added to groups of 25 or more.**

Client Signature: _______________________________________
Fax to Olga Castrejon at 312.799.2529 or email to castrejon@chicagohistory.org

Final count and payment are due seven (7) business days prior to event.
Please allow 24 hours for cancellations.
Chicago History Museum
CREDIT CARD AUTHORIZATION FORM

1. DATE: _______________

2. I, ________________________________________________ AUTHORIZE THE CHICAGO HISTORY MUSEUM’S NORTH & CLARK CAFE TO CHARGE MY CREDIT CARD ACCORDING TO THE DETAILS BELOW. I GUARANTEE FULL PAYMENT OF THE ACCOUNT AS DESCRIBED.

3. DATE OF FUNCTION: _________________

4. EVENT NAME: _________________

5. CONTACT NAME: _________________

6. TIME OF EVENT: _________________

7. ESTIMATED GUEST COUNT: _________________

8. CHARGE TO: AMEX   MC   DISCOVER   VISA
   (Circle one)

9. CARD NUMBER: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

   EXPIRATION DATE: __   __ / __   __

   SECURITY CODE: __   __   __   __

10. PLEASE CHECK BELOW:
   □ FINAL PAYMENT AMOUNT: $________________________
   □ Percentage of gratuity to be added: ___________%
   Gratuity at Client’s Discretion

11. SIGNATURE OF CARD HOLDER: _____________________________________

12. PLEASE PRINT FULL NAME AND/OR CORPORATION NAME AS IT APPEARS ON CARD:
    _____________________________________

13. BILLING ADDRESS OF CARDHOLDER: _________________________________
    (Mailing Address)
    _____________________________________

14. WORK PHONE NUMBER: (_________)__________________________________

15. CELL PHONE NUMBER: (_________)__________________________________
17. FAX NUMBER: (_______)______________________________

PLEASE ATTACH A COPY OF THE FRONT AND THE BACK OF THE CREDIT CARD AND
FAX ALL INFORMATION TO 312-799-2529
OR EMAIL castrejon@chicagohistory.org