North & Clark Café
Boxed Lunch
Menu Options

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Sandwich Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______</td>
<td>Clark Street BLT: Applewood-smoked bacon, lettuce, tomato, and mayonnaise on white bread</td>
</tr>
<tr>
<td>_______</td>
<td>Gold Coast Veggie: Grilled artichoke hearts, roasted bell peppers, sun-dried tomatoes, pesto, spinach, and provolone cheese on tomato focaccia</td>
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<tr>
<td>_______</td>
<td>Lake Shore Drive Tuna: Homemade tuna salad, cheddar cheese, lettuce, and tomato on a croissant</td>
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<tr>
<td>_______</td>
<td>North Side Turkey: Oven roasted turkey breast, smokehouse bacon, avocado, lettuce, tomato, and mayonnaise on multigrain bread</td>
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</tbody>
</table>

Included:
Homemade chips, medium chef’s choice cookie, soft drink or water
Salt, pepper, napkin rollups, Hellmann’s mayonnaise and yellow mustard packets
$13.95 per person + 10.5% tax.

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

Client Signature: ________________________________
Fax to Kristine Kostrewa at 312.799.2529 or email to kkostrewa@tasteamerica.net

Final count and payment are due seven (7) business days prior to event.
Please allow 24 hours for cancellations.
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 EVENT: ________________

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)

_________________________________________
15. WORK PHONE NUMBER: ________________________________

16. 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 kkostrewa@tasteamerica.net