



## North & Clark Café Boxed Lunch Menu Options

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

**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](mailto: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](mailto:kkostrewa@tasteamerica.net)*