# 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 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.
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)

   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 kkostrewa@tasteamerica.net