



LWVLC FRUIT ORDER FORM

Return by **Friday, Nov. 20, 2026**

Payment due at time of order (Checks payable to LWVLC)

Mail to: 175 W. B ST, Bldg E2, Springfield, OR 97477

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

How would you like to be notified? Email ☐ Phone ☐ Text ☐

Place your **PERSONAL** Order

Product	Grapefruit 20# \$36	Oranges 10# \$30	Pancake mix/syrup \$20 24oz.	Apples 18# \$35	Hazelnuts 5# \$25 (cracked)	Totals
Quantity						0
Total \$	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00

Place your Donation Order for **FOOD FOR LANE COUNTY**

Product	Grapefruit 20# \$36	Oranges 10# \$30	Pancake mix/syrup \$20 24oz.	Apples 18# \$35	Hazelnuts 5# \$25 (cracked)	Totals
Quantity						0
Total \$	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0

Total Purchase's \$ \$ 0.00

Please add a donation to the League to continue our work **\$** _____

Grand Total **\$** \$ 0.00

Office use: Date Received: _____

Check # _____