

ORDER #

CAKES OF KINDNESS



RECIPIENT INFORMATION QUESTIONS

Please answer the following questions to the best of your ability to assist us in serving an act of kindness. This program is intended to help make the recipient feel celebrated, encouraged or thought of during a difficult time.

Nominator Information:

- Name
- Contact
- Relationship to recipient

Initial nomination date:

Recipient Family/name:

Contact phone & email:

Address & delivery instructions:

*please indicate if you feel the recipient would prefer to pick up in store location.

Best time for delivery:

Number in household:

Allergies:

*List any allergies or dietary restrictions and any additional information to create a safe product

Top dessert options preferred:

*provide any information to help us pick what dessert will be given.

*Example- chocolate lover, doesn't like baked fruit, no products containing alcohol, etc.

Message for card/box: