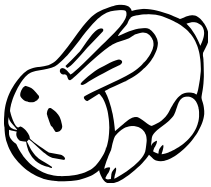


GREAT HARVEST BUNNY GIFT BOX

$60 Value

EACH GIFT BOX CONTAINS: $52.50

- A **HONEY BUNNY** *Whole Wheat*
- A 6-pack of delicious jumbo **GREAT HARVEST COOKIES**
- A Gourmet Holiday **Tea Towel**
- A Jar of our all-natural **GREAT HARVEST JAM**
- **Peter Rabbit Trail Mix**

EASY-TO-ORDER INSTRUCTIONS:

1) Accurate address information printed clearly is essential for proper delivery (see back side).

2) We reserve the right to make product substitutions based on availability.

3) ***Return form & payment to: Great Harvest Bread Co. 10305 Medlock Br. Rd, Suite A-4, Johns Creek, GA 30097 or FAX: 770-622-0010***

4) Orders should arrive in a couple of days, but we cannot guarantee shipment arrivals.

SENDER'S INFORMATION:

_____
Sent by

_____
Phone No. (day) (evening)

_____
Company Name (if applicable)

FOR GREAT HARVEST TEAM

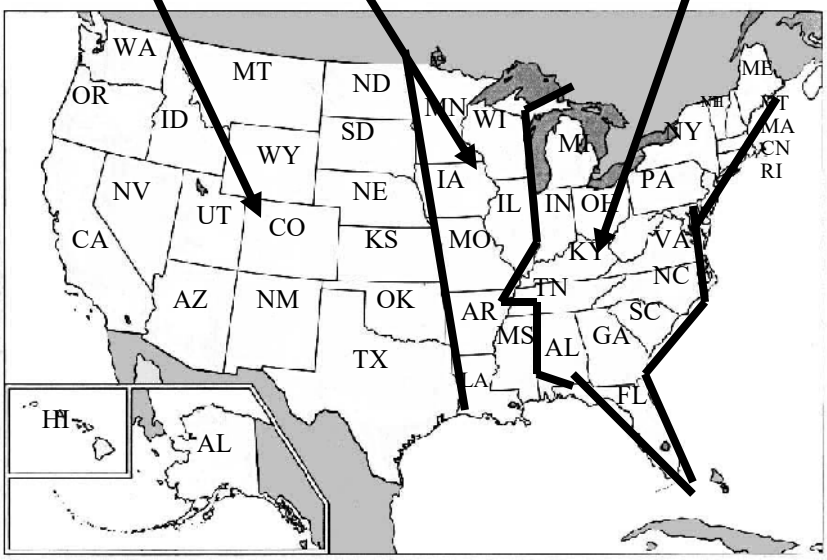
1. Name of person taking form
   _____
2. Please staple receipt to form upon payment
3. Place form in shipping box file

CREDIT CARD INFO *(for FAX, Call-in or Mail-In customers only)*:
Credit Card #_____
Exp Date: ___/___ Card Holder Street Address and Zip Code: _____
3 or 4 Digit Card Code _____

Questions??? Call Great Harvest —770-622-0222

SHIPPING COSTS

$65.00 West **$45.00 Central/ New England** **$17.00 East**



GIFT TO: Recipient's Phone #: ( ) _____
Name:_____
Company Name:_____
Address (*no P.O. boxes*)_____
City:_____State:_____ Zip _____
Print message below:

Cost: (circle one—see map)
$17 $45 $65

Ship Date: _____

GIFT TO: Recipient's Phone #: ( ) _____
Name:_____
Company Name:_____
Address (*no P.O. boxes*)_____
City:_____State:_____ Zip _____
Print message below:

Cost: (circle one—see map)
$17 $45 $65

Ship Date: _____

GIFT TO: Recipient's Phone #: ( ) _____
Name:_____
Company Name:_____
Address (*no P.O. boxes*)_____
City:_____State:_____ Zip _____
Print message below:

Cost: (circle one—see map)
$17 $45 $65

Ship Date: _____

GIFT TO: Recipient's Phone #: ( ) _____
Name:_____
Company Name:_____
Address (*no P.O. boxes*)_____
City:_____State:_____ Zip _____
Print message below:

Cost: (circle one—see map)
$17 $45 $65

Ship Date: _____

GIFT TO: Recipient's Phone #: ( ) _____
Name:_____
Company Name:_____
Address (*no P.O. boxes*)_____
City:_____State:_____ Zip _____
Print message below:

Cost: (circle one—see map)
$17 $45 $65

Ship Date: _____

GIFT TO: Recipient's Phone #: ( ) _____
Name:_____
Company Name:_____
Address (*no P.O. boxes*)_____
City:_____State:_____ Zip _____
Print message below:

Cost: (circle one—see map)
$17 $45 $65

Ship Date: _____