

ick u	p time:	Date:

Please drop off order form at least 2hrs before pickup or the day before A service charge of 15% is added to orders of 6 drinks or more

Order Form

ontact#(text):	, U		,,	10,	,	,,,,		
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Shots Milk Preference/ Special Instructions								
Shots								
Flavor								
Name Size Hot, Iced, or Blended								
Size								
Name								