

# Group Lunch Vouchers

## NATIONAL CONSTITUTION CENTER



Enjoy a fresh, made-to-order lunch in Delegates' Cafe with your group!

To place a voucher order, please fill out this form completely and email or fax it to ATTN: Rose Perez of Brûlée Catering, the National Constitution Center's exclusive catering partner.

**CONTACT INFORMATION** • Rose Perez, Brûlée Catering  
Phone: 215.409.6600 (x6962) • Fax: 215.409.6650  
Email: rperez@brulee-catering.com

*All group orders must be placed at least 15 days in advance of your visit, with payment due prior to visit. Groups over 75 people must provide a meal breakdown at this time. Prices do not include 8% PA Sales Tax, which will be applied unless a PA Tax Exempt Form (501c3) is furnished at the time the order is placed. (All sales are final once order is placed and may not be changed upon arrival.) Thank you!*

## ORDER FORM

GROUP NAME: \_\_\_\_\_

NCC ORDER #: \_\_\_\_\_

GROUP CONTACT: \_\_\_\_\_

DATE OF VISIT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

LUNCH TIME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

# OF VISITORS: \_\_\_\_\_

SPECIAL DIETARY RESTRICTIONS: \_\_\_\_\_

*We would like to purchase:*

### STANDARD VOUCHER

Includes Two (2) Hot Dogs, Bag of Chips & Bottled Water

QUANTITY	PRICE	TOTAL
_____	x \$6.75	\$ _____

### PREMIUM VOUCHER

Includes Choice of Chicken Fingers or Hamburger, French Fries & Bottled Water

_____	x \$9.95	\$ _____
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### DELUXE VOUCHER

Includes Choice of Salad or Cheesesteak, French Fries & Bottled Water

_____	x \$11.95	\$ _____
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SUBTOTAL: \$ \_\_\_\_\_

+ 8% SALES TAX: \$ \_\_\_\_\_

*If PA Tax Exempt, groups must furnish proof at time of order.*

**TOTAL DUE: \$ \_\_\_\_\_**



PAYMENT METHOD: \_\_\_\_\_ Credit Card  
(see attached form)

\_\_\_\_\_ Check  
(payable to Brûlée Catering)

NATIONAL CONSTITUTION CENTER • 215.409.6000 (X6962)  
525 ARCH STREET • INDEPENDENCE MALL • PHILADELPHIA, PA 19106



## CREDIT CARD AUTHORIZATION FORM

**GROUP NAME:** \_\_\_\_\_ **DATE OF VISIT:** \_\_\_\_\_

CREDIT CARD TYPE (circle one):      VISA      MASTERCARD      AMERICAN EXPRESS

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY / CID: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

I hereby agree that all specified charges included from the referenced group boxed lunch order will be charged to the credit card listed above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_



*For Office Use Only:*

*Processed by:* \_\_\_\_\_

*Processed date:* \_\_\_\_\_