

P-Patch Community Gardening Program Community Supported Agriculture (CSA) Subscription Form

Subscriber Information			
Full Name:			
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:			
			<i>Apartment/Unit #</i>
City:		<i>(State)</i>	<i>(ZIP)</i>
Day Phone:	()	Evening Phone:	()
Email Addresses:			
Pick-up Locations			
Which pick-up location do you prefer? (refer to locations & pick-up tab on webpage)			
<input type="checkbox"/>	New Holly: Thursdays 5-7 p.m. (42nd South and South Rockery Drive, Rainier Valley)		
<input type="checkbox"/>	St Andrews Church-Green Lake: Sunday Morning, 11:15 a.m. (111 NE 80th Street)		
<input type="checkbox"/>	High Point: Thursday 5-7 p.m. (32nd Avenue SW and SW Juneau Street, West Seattle)		
<input type="checkbox"/>	University Congregational UCC: Sunday, 10 a.m.-noon (4515 16 th Ave. NE); church members only		
Will you be sharing your subscription with anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list other subscribers and their contact information. (Submit your payment together, if possible)			
For start dates, please look on line under the LOCATIONS and PICK-UP tab at the top of the page.			
Payment Information			
I am enclosing a check payable to the P-Patch Program for:			
<input type="checkbox"/>	\$500.00 Full Share/Full Season 20 Weeks. (\$25.00/week)		
<input type="checkbox"/>	I am sharing a full share with ___ people and am enclosing \$_____ for my share.		
<input type="checkbox"/>	I am paying half now, and the balance will be received no later than September 7.		
<input type="checkbox"/>	\$300.00 Half Share/Full Season. (\$15.00/week)		
<input type="checkbox"/>	I am sharing a half share with ___ people and am enclosing \$_____ for my share.		
<input type="checkbox"/>	We have discussed other payment arrangements; I am enclosing a check now for \$_____ and will pay \$_____ in ___ installments. Payment dates: _____.		
<input type="checkbox"/>	Prorated subscription: I am purchasing a ___ full (\$25.00/week)/ ___ half (\$15.00/week), to begin on Date: _____ and am enclosing \$_____ for _____ weeks of produce.		

Make your check payable to the P-Patch Program and mail your payment with this application to:

Julie Bryan
 Seattle Department of Neighborhoods P-Patch Community Gardening Program
 PO Box 94649
 Seattle, WA 98124-4649

If you have questions, or wish to establish a payment plan or prorated subscription, contact Michelle Jones at michellej58@hotmail.com.



**Seattle
Neighborhoods**

**P-PATCH COMMUNITY
GARDENING PROGRAM**