



Mail to: Bialas Farms CSA
74 Celery Avenue New Hampton, NY 10958
845-374-4925 or 845-374-6941
www.bialasfarms.com / farmer@bialasfarms.com

CSA Contract – Please Print Clearly

Make a Copy for Your Records

Name: _____

Email(s): _____

Address: _____

Phone Number: _____

Please provide valid contact email(s) for membership communication and newsletters.

<p>Distribution Location:</p> <p>Garnet Health Medical Center 707 East Main Street Middletown, NY</p> <p>Delivered to You on Thursday Afternoons June 20 - October 17</p>	<p>Choose a share option:</p> <p><input type="checkbox"/> Large Share (feeds 4-5)... \$700</p> <p><input type="checkbox"/> Small Share (feeds 2-3)... \$480</p> <p>Note: There is NO CSA DISTRIBUTION on Thursday, July 4th.</p>
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Total Payment Due \$ _____

Payment Enclosed \$ _____

Balance Due \$ _____

Cash _____

Check # _____

To pay via credit card, please visit **BialasFarms.com.**

All electronic purchases will include a convenience fee.
No paper application is required.

As a member of Bialas Farms' 2024 Summer CSA,

- * I will receive an assortment of locally grown seasonal produce at each distribution.
- * I understand that the variety and quantity of produce received depends on growing and storage conditions that vary by season.
- * I understand I am committing to participate for the full season membership and there are no refunds.
- * It is my responsibility to arrange pick up of my share for the duration of the CSA season. If I miss a pick-up without notice and cannot arrange for someone to pick up my share, my share will be donated.
- * **I understand that the balance due for my share must be paid by June 11, 2024.**

Signature: _____ Date of Purchase _____