



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: _____

Address: _____

Phone Number: _____

Email(s): _____

Please be sure to provide the email(s) to which you would like The FarmGirl Cooks' Newsletter delivered.

<p>Distribution Location</p> <p>Garnet Health Medical Center 707 East Main Street Middletown, NY</p>	<p>Choose a share option:</p> <p><input type="checkbox"/> Large Share (feeds 4-5)... \$620</p> <p><input type="checkbox"/> Small Share (feeds 2-3)... \$410</p> <p>Thursday afternoons, June 17 - October 28 Delivered to You</p>
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\$_____ Total Payment Due \$_____ Payment Enclosed \$_____ Remaining Balance

- Cash (in person only - do not mail cash)
- Check # _____
- Credit Card (pay online at BialasFarms.com; includes convenience fee)

As a member of Bialas Farms' 2021 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 on the day selected 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 10, 2021.**

Signature: _____ Date of Purchase _____