

EPICURE FUNDRAISER



GOOD FOOD DESERVES TO BE SHARED

MEALS THAT MATTER

With every Weeknight Dinners Collection you purchase, \$10 will be contributed to the fundraiser!

GOOD FOOD. REAL FAST.™

Be a mealtime hero with solutions for fast, wholesome, homemade meals. Epicure makes cooking good food simple—with versatile seasoning blends, timesaving cookware, and easy-to-follow recipes, you can create healthy family faves in 20 minutes or less.

THESE PRODUCTS ARE:

- Gluten free
- Nut free (excludes coconut)
- Free of corn syrup and hydrogenated fat
- · Sugar and sodium conscious
- Free of artificial colours, sweeteners, and preservatives
- Made from ethically sourced ingredients
- 90% Non-GMO Project verified

WEEKNIGHT DINNERS

PRICE: \$25

The Weeknight Dinners collection is packed with an assortment of easy meal solutions that help you know what's for dinner, and make it fast.

- A. Taco Seasoning
- B. Beef & Broccoli Stir-Fry Seasoning
- C. Chicken Souvlaki Seasoning
- D. Crispy & Crunchy Coating Mix
- E. Mac & Cheese Seasoning
- F. Chocolate Instant Pudding Mix





E P I C U R E

| HELLO, MY NAME IS: | |
|----------------------|---------------------------|
| I'M FUNDRAISING FOR: | |
| MY ORDER DATE IS: | ALL ORDERS MUST BE IN BY: |

| CUSTOMER'S NAME (PLEASE PRINT CLEARLY) | TELEPHONE | EMAIL ADDRESS | PRICE* | QTY | TOTAL PRICE | PAID |
|---|--------------|-------------------|--------|--------|----------------|------|
| Example: Anne Abel | 250-123-4567 | anneabel@email.ca | \$25 | 4 | \$100.00 | Q |
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| * Price includes shipping, handling, and tax on shipping. | | | | TOTAL: | | |

At Epicure, we're on a mission to change lives through good food. With our versatile seasoning blends, timesaving cookware, and easy-to-follow recipes, we help busy people and families know what's for dinner, and make it fast.









| Please make cheques payable to your organization : | | | | | | |
|--|---|----------------------|--|--|--|--|
| EACH PARTICIPANT MUST FILL IN THIS SECTION: | | | | | | |
| PLEASE PRINT IN CAPITAL LETTERS: | | | | | | |
| | | | | | | |
| PARTICIPANT'S LAST NAME FIRST NAME | | | | | | |
| | | | | | | |
| PHONE NUMBER | TEACHER'S/LEADER'S LAST NAME (OPTIONAL) | CLASSROOM (OPTIONAL) | | | | |