



Dear Parent(s):

Student Foundation wants to assist you in celebrating a special occasion with your student even though they are here "hitting the books!" You can help your student celebrate a birthday, midterms, finals, Valentine's Day or any day!

Your cake will be custom made at a local bakery, Cakes By Design, and then a special e-card will be sent to your student letting him/her know they can pick up their cake in the Student Foundation Office within the University Development Office. Cakes are delivered to us on Thursdays of each week, so please make sure we receive your request two weeks before the special day, and we'll take care of the rest!

Proceeds from cake sales fund the Student Foundation Scholarship Fund, which will provide scholarships each year for current students.

Gratefully,

Student Foundation
StudentFoundation@letu.edu

Special Occasion Cakes Order Form

Name of Cake Recipient: _____
Dorm: _____ Room #: _____
Student's E-mail: _____

Your Name: _____
Your Address: _____
Your City, State, Zip: _____
Your Phone #: _____
Your E-mail Address: _____

Special Occasion: Birthday Any occasion Valentine's Day Midterm/finals
Date of Special Occasion: _____
Message on Card: _____

Please choose your cake:
 7" Round Cake (serves 12) \$25 **1/4 sheet (serves 20-24) \$35**

<i>Cake:</i>	<i>Icing:</i>	<i>Decorations:</i>	<i>Icing Flavor:</i>
<input type="checkbox"/> White	<input type="checkbox"/> Whipped Cream	<input type="checkbox"/> Flowers	<input type="checkbox"/> Vanilla
<input type="checkbox"/> Chocolate	<input type="checkbox"/> Butter Cream	<input type="checkbox"/> Border Only	<input type="checkbox"/> Chocolate
<input type="checkbox"/> Strawberry	<input type="checkbox"/> Cream Cheese	<input type="checkbox"/> Shaved Chocolate	<input type="checkbox"/> Strawberry

Color (for flower and border decoration only) _____

11" Cookie Cake \$25
Flavor: Chocolate Chip Peanut Butter
Message on Cookie Cake: _____
Color of inscription: _____

I have included a \$___ payment with this form (cash, check or credit card).

Credit Card Number: _____
Security Code: _____
Expiration Date: _____
Credit Card Type: _____ (we cannot process American Express credit cards)
Signature: _____

I will call 1-800-259-2586 to process my credit card payment over the phone.

Please send this form and payment to: *LeTourneau University
Office of Development
Student Foundation
P.O. Box 7001
Longview, TX 75607*