Linvilla Pie Order Form

Contact **at** **or**

Please have your form returned by:

Name	Phone	Old Fashioned Apple	Dutch Apple Crumb	Apple Caramel Walnut	Coconut Custard	Pumpkin	Sweet Potato	Pecan	Lemon Meringue*	Total # of Pies	$ _____ *x # of pies* TOTAL
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