



Christmas Meal Appeal referral form

The completion of this form signifies that the individual being referred to Cadzow Bakehouse's Christmas Meal Appeal consents to their personal information (name & address) being shared by the Referring Organisation.

The signing of this consent form also signifies that the referred individual is aware that there will be no adjustments to the meals provided, as the menu is set.

Referred Individual

Full Name: _____

Signature: _____

Quantity? _____

Pick up or
delivery? _____

Delivery Address
(if applicable): _____

Referring Organisation (if applicable)

Organisation
Name: _____

Point of contact: _____

Email address: _____

Phone number: _____

Christmas meals will be available for collection from Cadzow Bakehouse, 164 Quarry Street, Hamilton, ML3 6SR between 1 pm – 4 pm on 25th December. Alternatively, those unable to collect can opt for delivery from 1 pm on 25th December.

Cadzow Bakehouse

164 Quarry Street, Hamilton, ML3 6SR
cadzowbakehouse@gmail.com
0707804654890