



Send a Smile Program

Sender's Name: _____

Sender's Phone Number: _____

Date of Pickup: _____

Recipient Name: _____

Recipient Email: _____

Recipient Phone Number: _____

**Recipient will be notified the day of the event to pick up their surprise*

- | | |
|---|--------|
| <input type="checkbox"/> Cookie Cake – Chocolate Chip or Sugar Cookie | \$18 |
| <input type="checkbox"/> Gluten Free Cookie Cake – Chocolate Chip or Sugar Cookie | \$22 |
| <input type="checkbox"/> Brownie Platter | \$10 |
| <input type="checkbox"/> Frosted Brownie Platter | \$13 |
| <input type="checkbox"/> Cookies by the Dozen – Chocolate Chip, M&M, Sugar, Double Chocolate | \$8.50 |
| <input type="checkbox"/> Gluten Free Cookies by the Dozen | \$12 |
| <input type="checkbox"/> Card (<i>Happy Birthday, Congratulations, Get Well Soon, Thinking of You, Thank You</i>) | \$2.29 |

***We must receive your order at least three days before the event.
Place your order by calling 865-981-8073 Monday through Friday between 8 a.m. – 3 p.m.
or submit online at www.metzmaryville.com/smile***