Phillies Bridge Farm Project, Inc.
45 PHILLIES BRIDGE ROAD
NEW PALTZ, NY 12561

CSA (COMMUNITY SUPPORTED AGRICULTURE) FARM SHARE COMMITMENT 2010

SHAREHOLDER CONTACT INFORMATION

Name _____

Address _____

_____

Phone _____

Email _____

By becoming a Shareholder of the Phillies Bridge Farm CSA, you assume the risks and reap the rewards of growing our own food. Please recognize that there is no guarantee of the exact amount to be received each week (including optional shares). The farm cannot offer refunds, should you be unable to continue through the season.

SHAREHOLDER CREDIT AGREEMENT

Please read carefully and sign the following:

As a Shareholder, I understand that if, during the season, I work 5 hours for a Half Farm share or 10 hours for a Farm Shares and record these hours in the Harvest Room Work Book, I will be entitled to a credit of $25 or $50, respectively, which will be applied to the 2011 season. No partial credit will be given.

Signature

_____

PICKUP DAY FOR THE SEASON

Distribution is scheduled to begin
Tues: June 1 or Sat: June 5, 2010
Please choose ***one day only***.
We cannot change this day once the season begins.

- ☐ **FARM: Tuesdays, 3:30 PM – 7:30 PM**
- ☐ **FARM: Saturdays, 9:30 AM – 1:30 noon**

PAYMENT INFORMATION - We accept deposits of $100 or more to hold your share. These deposits and early full payments greatly assist farm preparation for the upcoming season with such things as purchasing seeds, salaries, and equipment repairs. **Payment in full is due by the first distribution.**

CSA Farm Share	Farm Share	$ 475	$
	Additional Farm Share(s)	$475	
	Half Farm Share	$240	
Optional Shares A CSA Farm Share is required to purchase Optional Shares	Sweet Corn – Full Dozen	$ 70	
	Sweet Corn – Half Dozen	$ 35	
	Berries	$ 90	
	Orchard Fruits	$ 90	
Farm to Families Donation – tax deductible			
PBFP Stewardship Donation – tax deductible			
Phillies Bridge Farm Project Membership – Required to purchase a Farm Share and is tax deductible			$ 25
Total Due			$
Amount Enclosed			$

Method of payment: ☐Check ☐MasterCard ☐Visa

Credit Card number | | | | | | | | | | | | | | | | |

Exp. Date _____/_____ Name on card - Please print _____

Security Code (on back of card) _____Signature _____

Please make check payable to: **Phillies Bridge Farm Project, Inc.**

Mail payment to: **CSA Share, 45 Phillies Bridge Road, New Paltz, NY 12561**

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