Calypso Farm and Ecology Center
www.calypsofarm.org

2020 Payment Slip

(please return this form with your payment)

P.O. Box 106
Ester, AK 99725
(907) 451-0691
calypsochristie@gmail.com

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email :_____

CSA Share Options:	☐	Large Vegetable Share (~4+ people)	@ $625 = _____
	☐	Small Vegetable Share (~1-2 people)	@ $400 = _____
	☐	Free Choice Share - pay in increments of →	$100 = _____
	☐	Flower Share	@ $150 = _____
Additional Option:	☐	Herb Share - Plant Sale Pass	@ $50 = _____
Required:	☐	Calypso Membership (a donation of any amount for the year)	Membership = _____ **(required if not already a member)**
	☐	Check here if already a member - have you given in 2020?)	
Donation:	☐	Low Income Share Donation (supports the sliding scale for lower income shareholders)	Donation = _____
			→ = _____
			Total = _____

****EARLY BIRD SPECIAL!!! Subtract $10 off your total if you sign up BEFORE March 31st!**

Pick-up Location:
- ☐ Tuesdays 5pm-6pm on the corner of 24th Ave. & Rickert St. in the S. Cushman neighborhood
- ☐ Thursdays 2pm-3pm at the Farm (5 mile Old Nenana Hwy)
- ☐ Thursdays 5:30pm-6:30pm at the Ester Park
- ☐ Thursdays 5:00pm—6:00pm at Beaver Sports

Payment Options:
- ☐ My check, payable to Calypso Farm, is enclosed.
- ☐ Please charge my Credit Card (Visa/ MasterCard/Discover).
- ☐ I would like to use the payment plan.

**If you would like to use Food Stamps - please call the farm office at 451-0691.

Payment Plan

Please select one of the following options:
- ☐ Family Share = $200 down-payment
- ☐ Economy Share = $100 down-payment

The remaining balance will be due in **three monthly** payments.

_____
Credit Card #

_____/_____ _____
Exp. date 3-digit code

_____
Signature

As a Calypso CSA shareholder, I understand that I am a partner with the Farm and share the bounty and the risks, receive a share of the season's harvest, and am encouraged to to get involved at Calypso by participating in volunteer opportunities.

_____
Signature Date