

Daisy Creek Wine Club

Pickup or Delivery

(Please choose one)

Pick up my wine at the vineyard:

Have my wine shipped to my: Business Residence

Billing Information

Required information (Held confidential)*

*Name: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Phone: _____ Email _____

Shipping Information

(if different than billing)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I certify that I am over 21 years of age: *(Required)*

Credit Card Information

(Credit card information is required only for members living out of the Rogue Valley area)

Name on card: _____

Card number: _____

Expiration date _____ Security code _____

Comments:
