

TAO CHICAGO CAKE ORDER FORM

Reservation Name: _____ # of guests: _____
Reservation Date: _____ Reservation Time: _____

Please choose a size: All cakes are available in even number sizes (starting at 6 people and up to 30) at \$6.00/per person.
I need a cake for # ___ people X \$6.00 = \$ _____. Please select gratuity (circle one) 18% / 20% / 22% or other ____%

Please check the box next to the description of the cake you wish to order:

*Please be advised that we cannot accommodate dietary restrictions and food allergies for special cake orders.

- VANILLA ON VANILLA:** *vanilla cake with Italian buttercream filling*
- CHOCOLATE/VANILLA:** *vanilla and chocolate cake, vanilla pastry cream and chocolate fudge filling*
- GERMAN CHOCOLATE:** *chocolate cake with coconut-pecan filling*
- RED VELVET:** *red velvet cake with cream cheese filling*
- HAZELNUT:** *hazelnut cake with chocolate ganache filling*
- COCONUT:** *vanilla cake with coconut pastry cream filling*
- ALMOND:** *almond cake with salted caramel buttercream filling*
- CARROT:** *carrot cake with cream cheese filling*
- SALTED CARAMEL:** *chocolate cake with salted caramel filling*
- BANANA:** *banana cake, cream cheese filling*
- LEMON:** *lemon cake, strawberry buttercream filling*
- RASPBERRY ROSE:** *vanilla cake, raspberry rose buttercream filling*

Please check the box next to the description of the décor on cake:

- ROYAL ICING DRIP WITH FRENCH MACARONS (\$25)**
- MARTINI GLASS (\$30)**
- TAO CHAMPAGNE BOTTLE (\$40)**
- SPORTS JERSEY (\$40) TEAM:** _____ **NAME:** _____ **NUMBER:** _____
- CHICAGO SKYLINE (\$50)**

Message on Cake: (no charge / 40 characters max): _____

Additional Information and/or Special Requests: _____

I, _____, authorize TAO CHICAGO to hold my credit card on file to guarantee the specified items above. I understand the charge will include the 10.25% IL Sales Tax. Orders must be canceled 72 hours prior to the reservation date, or the full charge will be assessed for the above items.

Please CIRCLE the method of payment: Charge to Bill or Charge to Credit Card on Separate Bill

Cardholder Name (Please Print): _____

Cardholder Billing Address: _____

City: _____ STATE: _____ ZIP CODE: _____

AMEX / MC / VISA / DINERS CARD / DISCOVER #: _____

CVV (3- or 4-digit code on back): _____ EXPIRATION DATE: _____ / _____

SIGNATURE: _____ TELEPHONE: _____

PLEASE RETURN TO TAOCHICAGOINFO@TAOGROUP.COM ALONG WITH A COPY OF THE FRONT AND BACK OF YOUR CREDIT CARD AND ID.