



CENTER for AGROECOLOGY &
SUSTAINABLE FOOD SYSTEMS
831.459-3240 | casfs@ucsc.edu

2017 CSA Limited Income Shares Pledge Form

In becoming a member of the UCSC Farm CSA, I understand the following:

- I am making a financial commitment for the 2017 farm season. As the designated primary shareholder, I understand that my share payment is non-refundable.
- I recognize that due to the inherent risks of farming, there are no guarantees on the exact amount of produce that I will receive.
- That my share comes from an educational farm and that apprenticing farmers are producing my food.
- I understand and accept this commitment and assume responsibility to contact the staff if there are any questions or concerns.

Please note that in order to complete your reservation for the 2017 CSA Program, you must submit payment with this signed pledge form to the address listed below.

Signature _____ Date _____

Primary Shareholder _____ Co-Shareholder _____

Primary Address _____ Zip _____

Primary Cell # _____ Home or Work # _____

Email _____ Co-share Email _____

Co-share Phone _____

Payment options

FULL SEASON: 22 Weeks (Tues., 6/7 thru Fri., 11/4)

- payment in full: \$280**
-
- Two checks: \$140**
today's date and post-dated June 1 **\$140**
-
- Four checks: \$70**
today's date and post-dated June 1 **\$70**
post-dated July 1 **\$70**
post-dated Aug 1 **\$70**

Prorate the full or late season by multiplying **\$12.72** by remaining weeks in the 22-week season.

For example, if you begin on July 6:

$$17 \text{ wks} \times 12.72 = \$216.24$$

Fill out and sign this pledge form, include payment, and mail to:

Money order or cashier's check OK

CASFS / UCSC Farm
1156 High Street
Santa Cruz, CA 95064
Attn: CSA

Make check: payable to "UC Regents"

Pick-up site - choose one:

- Tuesdays at the Farm** (noon-6:00 p.m.)
- Fridays at the Farm** (noon-6:00 p.m.)

WESTSIDE PICKUP SITE:

- Westside - Tuesday only** (2:30-5:15 p.m.)
Location: **Westside Farm & Feed**
817 Swift St, Santa Cruz 95060

*You may also pay with an **EBT benefit card** (SNAP). Please present your card to the CSA attendant and **sign and date the EBT voucher** when you pick up your share.*

Office Use Only: Payment enclosed

Date rec'd: _____ Check payment amount: _____