



RADICLE ROOT HERBS COMMUNITY SUPPORTED HERBALISM

2020 SEASON - CSH SHARE BOX APPLICATION

Radicle Root Herbs offers monthly or seasonal herbal share boxes from our CSH program. The boxes include handmade herbal products, useful information on each product, and a virtual educational newsletter. The products are inspired by each season's harvest, with a focus on abundant, local herbs! There are multiple themes to select from and items in a typical box may include, but are not limited to, tinctures, syrups, body products, teas, candles, elixirs, and culinary herb blends. CSH members save money per box (individual boxes are available) and also receive additional benefits and discounts throughout the year.

We do have a limited number of spaces available, so sign up early!

By choosing Radicle Root Herbs Share Program, you are supporting a small, minority owned business, the local cultivation of herbs, and your own well being. Please also consider donating to the sponsorship program!

THANK YOU for supporting me, yourself, and the Earth!

**Be Well,
Munna Cleland
Radicle Root Herbs**

Name: _____ Birthday: _____
Address: _____
Household Members:
(and birthdays!) _____
Email: _____ Phone Number: _____

For more information about the CSH Herbal Share Program, visit: www.radiclerooterbs.ca/herbal-share

PLEASE SELECT YOUR THEME(S) BELOW:

- | | |
|--|--|
| <input type="checkbox"/> Medicinal Herbalism | <input type="checkbox"/> Magical Herbalism |
| <input type="checkbox"/> Culinary Herbalism | <input type="checkbox"/> Herbal Education |

PLEASE SELECT YOUR SIZE BELOW:

- | | |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> Regular | <input type="checkbox"/> Deluxe |
|----------------------------------|---------------------------------|

PLEASE SELECT YOUR SCHEDULE BELOW:

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly (Seasonal) |
|----------------------------------|---|

PLEASE SELECT YOUR PAYMENT PLAN BELOW:

- | | | |
|---------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Full Payment | <input type="checkbox"/> Half Now, Half Later | <input type="checkbox"/> Monthly |
|---------------------------------------|---|----------------------------------|

PAYMENT METHOD: _____

PLEASE SELECT YOUR ACCESS BELOW:

- | | |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Pickup | <input type="checkbox"/> Delivery |
|---------------------------------|-----------------------------------|

PLEASE INDICATE HOW MUCH YOU WOULD LIKE TO DONATE TO THE SPONSORSHIP PROGRAM: _____

SIGNATURE

DATE