



**STEVE'S DELI CHICAGO YOM KIPPUR MENU**  
**SATURDAY, OCTOBER 8, 2011**  
**(312) 467-6868 FAX: (312) 467-6872**



<b>A LA CARTE</b>	<b>QTY</b>	<b>SIZE</b>	<b>PRICE EA.</b>	<b>TOTAL</b>
Cheese Blintzes (cooked or uncooked)		each	4.99	
Apple & Dried Cherry Noodle Kugel		per piece	5.99	
Cheese Blintze Souffle with Sour Cream on the Side		1/2 pan	25.00	
Tuna Salad (Regular or Fat Free)		1 lb.	11.99	
Chicken Salad (Regular or Fat Free)		1 lb.	11.99	
Egg Salad		1 lb	8.99	
Egg White Salad		1 lb.	8.99	
Sable • filleted		1 lb.	33.99	
Whitefish • filleted		1 lb.	15.99	
Kippered Salmon • filleted		1 lb	29.99	
Nova Lox		1 lb	29.99	
Hand Cut Lox		1 lb	32.99	
Swiss, Muenster or American Cheese		per slice	.79	
Steve's Brownies		each.	4.99	
7 Layer Cake		Half/Whole	18.00/36.00	
Sour Cream Coffee Cake		each	20.00	
Onion Rolls & Kaiser Rolls		each	1.00	
<b>Bagels:</b> Plain, Egg, Onion, Salt		each / dozen	1.00/ 11.00	
Sesame, Wheat, Pump, Raisin				
<b>Steve's Deluxe Yom Kippur Lots a Lox Tray</b>				
<input type="checkbox"/> 10 Person <input type="checkbox"/> 15 Person		per person-no frills	19.99	
<input type="checkbox"/> 10 Person <input type="checkbox"/> 15 Person		per person Deluxe	21.99	
<b>Steve's Deluxe Yom Kippur Trio Salad Tray</b>				
<input type="checkbox"/> 10 Person <input type="checkbox"/> 15 Person		per person-no frills	13.99	
<input type="checkbox"/> 10 Person <input type="checkbox"/> 15 Person		per person Deluxe	16.99	
<b>Steve's Deluxe Yom Kippur Dairy Tray</b>				
<input type="checkbox"/> 10 Person <input type="checkbox"/> 15 Person		per person-no frills	26.99	
<input type="checkbox"/> 10 Person <input type="checkbox"/> 15 Person		per person Deluxe	29.99	
<b>Steve's Deluxe Yom Kippur Deli Tray</b>				
<input type="checkbox"/> 10 Person <input type="checkbox"/> 15 Person		per person-no frills	13.99	
<input type="checkbox"/> 10 Person <input type="checkbox"/> 15 Person		per person Deluxe	16.99	

**No changes 24 hours prior to pick up. •All Orders Picked Up by 6:30 P.M.**

Name: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone (daytime): ( ) \_\_\_\_\_ Phone (evenings) ( ) \_\_\_\_\_

**Method of Payment** (circle one): Cash      Check      Credit Card

Account # \_\_\_\_\_ Exp. date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Order taken by: \_\_\_\_\_

Subtotal \_\_\_\_\_

Tax \_\_\_\_\_

**Total** \_\_\_\_\_

**Curb side Pick-up  
Available**