Steve's Yom Kippur
Lots of Lox Tray

Hand cut Nova Lox,
Cream Cheese, Tomatoes,
Cucumbers, Onions &
Capers

Choice of Bagels
10 Person Tray
$195.00
(No Substitutions)

Steve's Yom Kippur
Diary Tray

Hand Cut Nova Lox,
Whitefish Salad, Tuna Salad,
Farmers Salad, Egg Salad,
Cream Cheese, Swiss & Muenster,
Tomatoes, Cucumbers, Onions &
Choice of Bagels.

10 Person Tray
$340.00
(No Substitutions)

Steve's Yom Kippur
Deli Tray

Roast Turkey Breast, Salami,
Corned Beef, Turkey Pastrami,
Swiss & Muenster Cheese,
Coleslaw, & Potato Salad,
New and Old Dill Pickles,
Olives, Tomatoes,
Russian Dressing & Mustard,
Choice of Crispy
Rye Bread or Bagels

10 Person Tray
$180.00
(No Substitutions)

October 2nd, 2025

"Break the Fast"
traditional trays for
the holidays...

Steve's Deli
Lets you spend
The holiday
Where you belong...
With your family

Call (248) 932-0800
Fax (248) 932-1465

Steve's Deli Yom Kippur Menu

Thursday, October 2nd 2025

6646 Telegraph Rd. at Maple - Bloomfield Plaza

Phone : (248) 932-0800 Fax: (248) 932-1465

A la Carte	Qty	Size	Price Each	Total
Noodle Kugel		Per Piece	10.99	
Tuna Salad (Regular or Fat Free)		1 lb	17.99	
Chicken Salad (Regular or Fat Free)		1 lb	17.99	
Egg Salad		1 lb	14.99	
Egg White Salad		1 lb	15.99	
Cheese Blintzes (Cooked or Uncooked)		Each	5.99	
Cheese Blintze Souffle		Each	25.00	
Sable - Fileted		1 lb	65.00	
Whitefish Salad		1 lb	21.99	
Kippered Salmon - Fileted		1 lb	49.99	
Hand Cut Nova Lox		1 lb	47.99	
7 Layer Cake		Half / Whole	30.00 / 60.00	
Sour Cream Coffee Cake		Each	30.00	
Apple Honey Cake		Each	30.00	
Bowl of Fresh Fruit		Each	35.00	

Bagels:										Each / Dozen	1.50 / 18.00	
	Sesame	Wheat	Pump	Raisin	Plain	Egg	Onion	Salt	Everything			

Steve's Yom Kippur Dairy Tray		10 Person Tray	340.00	
Steves Yom Kippur Lots a Lox Tray		10 Person Tray	175.00	
Steve Yom Kippur Deli Tray		10 Person Tray	180.00	
			Subtotal	
			Tax	
			Total	

Name:_____ Pick-up Time: _____ Date: ____/_____/_____

Address: _____

City: _____ Zip Code: _____

Daytime Phone # _____ Evening Phone # _____

Method of Payment (circle one): Cash Check Credit Card Name on Card: _____

Account # _____ Exp Date: _____ Code:_____ Order Taker:_____

Billing Address: _____

$100 Min Order

NO CHANGES AFTER SEPT 28TH, 2025

ORDERS MUST BE IN BY SEPT 28TH, 2025