ORDER FORM

School Name

Fundraising Chair Person / Phone Number

Student's Name

Grade/Teacher

Student's Phone

CUSTOMER'S NAME ADDRESS (No P.O. Boxes) and PHONE	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	AMOUNT DUE
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		
11.																		
12.																		
13.																		
14.																		
15.																		
TOTAL NUMBER OF ITEMS SOLD																		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	AMOUNT DUE

MAKE CHECKS PAYABLE TO:

Items are non-refundable.