



PREMIUM CHOCOLATIER SINCE 1920

Multiple Participant Fundraising ORDER FORM

SELLER INFORMATION:

Full Name: _____

School Name: _____

Teacher Name: _____

Room: _____

SELLER INFORMATION:		
Full Name: _____		
School Name: _____		
Teacher Name: _____		
Room: _____		
PLEASE NOTE: Orders ship to company/ organization's address. Upon receipt of goods, organization will distribute purchases to their participants (sellers). Please make checks payable to fundraising organization.		
WHITE: Organizer copy YELLOW: Seller copy		
CUSTOMER NAMES PHONE NUMBERS		
	RETAIL PRICE	KEY
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
ITEM NUMBER		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
TOTAL		

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Please Bring Down Totals

While we make every effort to ensure availability, we reserve the right to substitute alternate gift wrap if necessary