



Delivery Date

FUNDRAISING

	Customer Name	Address	Phone Number	Items Ordered	Amount Paid	Cash	Check
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
13							
14							
15							
16							
17							
18							
19							
20							
21							
Thank you for supporting your local organization!			TOTALS:				