

Fundraiser Order Form

Seller's Name _____ Seller's Phone # _____ City _____ ST _____ Zip _____

Organization Name _____ Date to Return _____ Sponsor's Name _____

	Customer Name	Phone#	Product Number	Charm Number	Qty	Price Each	Sales Tax (if applicable)	Total Due	Paid	Delivered
	<i>Jane Doe</i>	555-5555	BR-1	CH-2 Best Mom	1	\$12.00		\$12.00		
1						\$12.00				
2						\$12.00				
3						\$12.00				
4						\$12.00				
5						\$12.00				
6						\$12.00				
7						\$12.00				
8						\$12.00				
9						\$12.00				
10						\$12.00				
11						\$12.00				
12						\$12.00				
13						\$12.00				
14						\$12.00				
15						\$12.00				
16						\$12.00				
17						\$12.00				
18						\$12.00				
19						\$12.00				
20						\$12.00				
21						\$12.00				
22	Total									

Total