



# Fundraiser Order Form

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Ph #: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Collect Money: \_\_\_\_\_ Delivery Date (2 wks later): \_\_\_\_\_

Phone # (234) 817-7677

Email: dandrapopcorn@gmail.com

**PLEASE LIST QUANTITY IN THE BOXES BELOW PER FLAVOR**

**\$6.00 / 9" x 12" bag**

	Customer Name (Please print legibly)	Cinn. Swirl	Hot Pepper	Kettlecorn	Theater	Total Qty.	Total Due	Paid
1								
2								
3								
4								
5								
6								
7								
8								
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34								
	TOTALS							