Fundraising Order Form.

Price

$

per bag

Organization Name: _____

Seller's Name: _____

Phone Number: _____

Teacher/Coach: _____

Please make cheques payable to organization above.

Customer Information	**100% Colombian** Ground Coffee 12 oz. Bag Qty.	**Hazelnut Cream** Ground Coffee 12 oz. Bag Qty.	Amount Due	Amount Paid
Name:_____ Phone: ( ) _____ - _____ Address:_____				
Name:_____ Phone: ( ) _____ - _____ Address:_____				
Name:_____ Phone: ( ) _____ - _____ Address:_____				
Name:_____ Phone: ( ) _____ - _____ Address:_____				
Name:_____ Phone: ( ) _____ - _____ Address:_____				
Name:_____ Phone: ( ) _____ - _____ Address:_____				
Name:_____ Phone: ( ) _____ - _____ Address:_____				
Name:_____ Phone: ( ) _____ - _____ Address:_____				
Name:_____ Phone: ( ) _____ - _____ Address:_____				
Name:_____ Phone: ( ) _____ - _____ Address:_____				
Name:_____ Phone: ( ) _____ - _____ Address:_____				
Name:_____ Phone: ( ) _____ - _____ Address:_____				
TOTAL COFFEE SALES: (Total all columns)				

* When completed submit form and funds to Fundraising Organizer.