



FUNDRAISER ORDER FORM

Have your order in by: ____/____/____

Organization # _____

PARTICIPANT INFORMATION:

Name _____

Address _____

City _____ State _____

Zip _____ PH# _____ Date _____

Email _____

	NAME	ADDRESS	PHONE	EMAIL	COFFEE BAG SIGNATURE BLEND	COFFEE BAG SIGNATURE BLEND DECAF	HOT CHOCOLATE	100% COLUMBIAN K-CUPS	Total Bags	Total Cups	Total Paid	Amount Due
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
	TOTALS											

\$10 per Bag
\$20 per Box

** Make checks payable to your organization*