



FUNDRAISER ORDER FORM

Seller's LAST Name	Seller's FIRST Name	Organization
Group / Team / Room Number		Chairperson / Teacher

When ordering more than one description of candle, please use separate line.

Customer Name / Phone Number	Description	Price	Qty.	Total Due	PAID	DELIVERED
					<input type="checkbox"/>	<input type="checkbox"/>
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PLEASE MAKE CHECKS PAYABLE TO: _____

**PLEASE TOTAL YOUR
ORDER FORM**

PLEASE MAKE PAYMENT IN ADVANCE