



A fresh opportunity, selling usable products!

\$30
50 lbs

NAME: _____
LEADER: _____
ORGANIZATION: _____
ORDERS DUE BY: _____

	CUSTOMER NAME (FIRST/LAST)	STREET ADDRESS	CITY / STATE / ZIP	PHONE	PRODUCT	QTY.	\$ AMT.
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
					TOTAL SALES	\$	

MAKE CHECKS PAYABLE TO: _____

FUNDRAISER HOST ORGANIZATION