





Gourmet Chocolate Order Form

BILL TO:

Organization _____
 Fundraising Chairperson _____
 Address: _____
 City _____ State _____ zip _____
 Phone Number _____

DATE YOU WOULD LIKE TO RECEIVE THE PRODUCT!

Ship To: _____
 Organization _____
 Attention _____
 Address _____
 City _____ State _____ zip _____
 Email Address _____

Chocolate Item Name	Item Code	Quantity	Cost	Subtotal
	AP52		\$31.20	
12 ea Caramel, Toasted Almond, Crispy Rice, Peanut Butter & Dark Chocolate		<i>That's over \$20 per box profit!</i>		
	HT40		\$24.00	
Caramel (9), Toasted Almond (9), Crispy Rice (9), Peanut Butter (9) & Toffee Crisp (4)		<i>That's \$16 per box profit!</i>		

THANK YOU! **TOTAL AMOUNT DUE:** _____

Specify Date you would like to receive product: _____

TOTAL Enclosed: _____



Please fax your completed form to: 800-996-8977 or email it to: support@americanfundraising.com

Payments can be made with check, Visa/Mastercard/American Express

Special Instructions: _____

Cardholder name: _____

Credit card billing address: _____

Credit Card #: _____ Exp: _____ Verification code: _____

Cardholder Signature: _____ Total order forms submitted: _____