



IMPORTANT DATES
<b>RETURN ORDER BY:</b>
<b>DELIVERY DATE:</b>

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

Email: \_\_\_\_\_

**Coffee**forKids  
FUNDRAISING

**\$ PER POUND**

Checks Payable to: \_\_\_\_\_

House Blend				French Roast				French Vanilla				Seasonal			
Regular Ground	Decaf Ground	Regular Bean	Decaf Bean	Regular Ground	Decaf Ground	Regular Bean	Decaf Bean	Regular Ground	Decaf Ground	Regular Bean	Decaf Bean	Regular Ground	Decaf Ground	Regular Bean	Decaf Bean

Customer Name	Email Address	Phone Number														
<b>Totals:</b>																

