



Holiday Fundraising Form

4615 Ottawa Street Bismarck, ND 58503
701-258-1742

Organization Name: _____ Chairperson Name: _____

Organization Address: _____ Chairperson Phone: _____

Participant Name: _____ Delivery Date: _____

| Customer Name and Address | Telephone | \$ _____ Each 6.5" Poinsettias | | | Total \$ | Paid |
|---------------------------|-----------|--------------------------------|-------|------|----------|------|
| | | Red | White | Pink | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total Items Sold | | | | | | |

| | |
|-------------|----|
| Amount Due | \$ |
| Amount Paid | \$ |