



ORGANO GOLD FUNDRAISING PROGRAM

Order form # _____

Fundraising name:		School Name:	
Student name:		Grade:	
Address:			Email:
Phone:		Date: (DD-MM-YYYY):	

Product name	Price by box	# Units	Sub-total
1. Black Coffee	\$30.00		
2. Latte Coffee	\$30.00		
3. Mocha Coffee	\$35.00		
4. Hot Chocolate	\$35.00		
5. Cafe Supreme	\$35.00		
6. King of Coffee	\$45.00		
7. Green Tea	\$35.00		
8. Red Tea	\$35.00		
		TOTAL:	

Payment method

- ☐ Cash (please include exact amount)
- ☐ Check (to the order of: _____)
- ☐ Visa
 - # _____ Security numbers _____
 - Expiration date: _____
- ☐ Master Card
 - # _____ Security numbers _____
 - Expiration date: _____
- ☐ American Express
 - # _____ Security numbers _____
 - Expiration date: _____

Customer Signature: _____

Comments:

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