



## CHOCOLATE FUNDRAISING ORDER FORM

Please print clearly

Date: \_\_\_\_\_

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

Ship To: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Contact #1: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

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

Contact #1: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

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

**Please contact us prior to starting your campaign to confirm your pricing and book your fundraising with us.**

After completing the fundraising campaign, the totals from each order form are copied onto the group's Master Sheet. If you have many groups, each group will have their own Master Sheet. The totals of all Master Sheets represent your Chocolate Order. Multiply this TOTAL by the cost per bag (possible shipping surcharge may apply, we will inform you prior to starting if this applies). This is the total cost for your Chocolate.

### ORDER

	Skor Chocolate Pizza
	M&M Chocolate Pizza
	Oreo Chocolate Pizza
	Reese's Pieces Chocolate Pizza
	Smarties Chocolate Pizza
	Dark Chocolate M&M Chocolate Pizza

Your campaign will be co-ordinated with our production schedule. Add-ons for any late Order Forms will be treated as a new order (this may result in a slight delay of your order). Your order will include: packaged Chocolate, a quantity of paper bags to carry the Chocolate, one-time shipping to a single location and taxes. Minimum order is 24 bags of Chocolate. Payment is required at time of order by credit card: Mastercard or Visa. Delivery will occur approx. 2 weeks after payment and order is received.

	Milk Chocolate Sponge Toffee
	Dark Chocolate Sponge Toffee

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	<b>GRAND TOTAL – CHOCOLATE</b>
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Total Chocolate Order / Number of Bags: \_\_\_\_\_ Multiply by **\$5.25** = \_\_\_\_\_

### Delivery of Chocolate

Once we receive your order, we will process ASAP. **Delivery is via courier, which will require a sign acceptance upon receipt**

Cardholder's Name: \_\_\_\_\_

Card Type: ☐ Visa ☐ Mastercard ☐ Visa Debit    Expiry Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_

**We Thank You and look forward to helping in your next fundraising drive!**

Internal Use Only    ☐ QB    ☐ ST    ☐ UPS    ☐ CI/MM