

Fundraiser Order Form

Consultant: _____

Name:	Address:	Item Serial #:	Colour:	Price:
Phone:	Email:			
Method of Payment:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card #			exp:
Name:	Address:	Item Serial #:	Colour:	Price:
Phone:	Email:			
Method of Payment:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card #			exp:
Name:	Address:	Item Serial #:	Colour:	Price:
Phone:	Email:			
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Phone:	Email:			
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Name:	Address:	Item Serial #:	Colour:	Price:
Phone:	Email:			
Method of Payment:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card #			exp:

Cheques need to be written out directly to your sales Consultant. Please make cheques out to: _____

There will be a \$2.00 shipping/handling charge per fundraiser order form (regardless of how many customers are on it)
Please put a star by the name of the customer paying the \$2.00 shipping charge per form.

Please See Reverse Side

Colour Choices: Matte Black, Matte White, Matte Coffee, Dark Brown, Carmel, Beige, Soft Pink, Berry, Navy Blue, Olympic Blue, Kelly Green.

WordToTheWall.com

Fundraiser Order Form

If you are interested in learning more about Word to the Wall and its Consultant Opportunity...
Please Fill In your information.

	Name:	Phone:	Email:
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are interested in Hosting a Word to the Wall Party and earning free products...
Please Fill In your information.

	Name:	Phone:	Email:
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>