



FUNDRAISER ORDER FORM

Have your order in by: ____/____/____

Organization # _____

PARTICIPANT INFORMATION:

Name _____

Address _____

City _____ State _____

Zip _____ PH# _____ Date _____

Email _____

	NAME	ADDRESS	PHONE	EMAIL	K-Cup Flavor								Coffee Flavor			Total K-Cups	Total Bags	Total Paid	Amount Due
					BB	C	CD	DS	FR	FV	H	S	SB	SBD	HC				
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			
													Totals						

K-Cup Flavor Choices:

- BB - Breakfast Blend
- C - Columbian
- CD - Columbian Decaf
- DS - Donut Shop
- FR - French Roast
- FV - French Vanilla
- H - Hazelnut
- S - Sumatra

Coffee Bag Flavor Choices:

- SB - Signature Blend
- SDB - Signature Decaf Blend
- HC - Hot Chocolate

\$10 per Bag
\$20 per Box

** Make checks payable to your organization*