



Fundraiser ORDER FORM

Please turn in this form with
money collected on or before:
10-21-2023

Make Checks Payable to:
Elwood Health & Living



SALESPERSON:

Customer Name
and Phone

SUGAR CREAM
\$ 10

SOUTHERN PECAN
\$ 10

PEANUT BUTTER
\$ 10

GERMAN CHOCOLATE
\$ 10

PUMPKIN
\$ 10

PUMPKIN SPICE
\$ 10

COCONUT CREAM
\$ 10

Total
Due

Paid

1.									<input type="checkbox"/>
2.									<input type="checkbox"/>
3.									<input type="checkbox"/>
4.									<input type="checkbox"/>
5.									<input type="checkbox"/>
6.									<input type="checkbox"/>
7.									<input type="checkbox"/>
8.									<input type="checkbox"/>
9.									<input type="checkbox"/>
10.									<input type="checkbox"/>
11.									<input type="checkbox"/>
12.									<input type="checkbox"/>
13.									<input type="checkbox"/>
14.									<input type="checkbox"/>
15.									<input type="checkbox"/>