| CUSTOMER - Fund Raiser Purchases | | | | | | TOUCH OF HEART CANDLES | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Organization:** | | | | | | | **Sale Date** | | |
| **Participant** | | | | | | | **Delivery Date** | | |
| Please make checks payable to our organization. Money due at the time of order | | | | | | | | | |
| | | | | | | | | | |
| Customer Name | Phone | SCENT | 3 oz. Flower pot | 5oz. Bulb Jar | 9oz. Bean Pot | 15 oz. Honey Po | Total # Candles | Total Amount $ | Paid |
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