|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Text  Description automatically generated** | **ORDER TODAY!****Choose from 6 delicious Flavors.** |  | Return Order Date: **«ROO»** | Delivery Date: **«DelDate»** |
|  |  |  |
|  | **PRODUCT FEATURES:** MADE WITH WHOLE GRAINS **|** NO PRESERVATIVES **|** NO ARTIFICIAL COLORS OR FLAVORS | ONLY AVAILABLE THROUGH FUNDRAISERS |
|  |  |  |  |  |
| My Name: |  | My Phone: |  |  | **«P01Nm»** | **«P02Nm»** | **«P03Nm»** | **«P04Nm»** | **«P05Nm»** | **«P06Nm»** | **ALLERGEN NOTICE:**These products contain Egg. \*Dark & Mint Chocolate Chip also contain Soy. \*Lemon Coconut also contains Coconut. \*Cranberry Almond also contains Almonds. Processed in a facility that also processes tree nuts and milk.  |
| Organization/ Checks Payable:  | **«MakeChecksTo»** |  |
| Contact Name: | «ContactName» |  | Contact Phone #: | «ContactPhone» |  |
|  |  | Please collect payment when taking orders. |  |
| **MY GOAL****«MPS»** items**GROUP GOAL****«GPG»****FUNDRAISER PURPOSE****«FundsFor»** |  | Customer Name | Phone | «1» | «2» | «3» | «4» | «5» | «6» | Items | Amount |
|  | 1 | You Family’s Order Here |  |  |  |  |  |  |  |  | $ |
|  | 2 |  |  |  |  |  |  |  |  |  | $ |
|  | 3 | Check with Other Family |  |  |  |  |  |  |  |  | $ |
|  | 4 |  |  |  |  |  |  |  |  |  | $ |
|  | 5 | Ask your teachers or coaches |  |  |  |  |  |  |  |  | $ |
|  | 6 |  |  |  |  |  |  |  |  |  | $ |
|  | 7 | Post your form on Facebook |  |  |  |  |  |  |  |  | $ |
|  | 8 |  |  |  |  |  |  |  |  |  | $ |
|  | 9 | Mom or Dad could sell at work |  |  |  |  |  |  |  |  | $ |
|  |  | 10 |  |  |  |  |  |  |  |  |  | $ |
| **PRODUCT INFO.**7.5 oz resealable pouch.7 servings per container.  |  | 11 | Ask your friends |  |  |  |  |  |  |  |  | $ |
|  | 12 |  |  |  |  |  |  |  |  |  | $ |
|  | 13 | Sell to neighbors with a parent |  |  |  |  |  |  |  |  | $ |
|  | 14 |  |  |  |  |  |  |  |  |  | $ |
|  | 15 | Check with your Aunts and Uncles |  |  |  |  |  |  |  |  | $ |
|  | 16 |  |  |  |  |  |  |  |  |  | $ |
|  | 17 | Port your form on Instagram |  |  |  |  |  |  |  |  | $ |
|  | 18 |  |  |  |  |  |  |  |  |  | $ |
|  | 19 | Ask your doctor or dentist |  |  |  |  |  |  |  |  | $ |
|  | 20 |  |  |  |  |  |  |  |  |  |  |
|  | carolinafundraisers.com | **«1»** | **«2»** | **«3»** | **«4»** | **«5»** | **«6»** | Items | Amount |
|  | Please Total: |  |  |  |  |  |  |  |  |