

Organization: _____

Fundraising Contact: _____

ITEM	NUMBER ORDERED	PRICE	TOTAL AMOUNT
LS1: Assorted Chocolates		\$11	
LS2: Chocolate Covered Almonds		\$9	
LS3: Nonpareils in Milk & Dark		\$9	
LS4: Peanut Butter Blend		\$11	
LS5: Nut Clusters		\$11	
LS6: Trail Mix		\$9	
LS7: Sugar Free Bridge Mix		\$9	
LS8: Sugar Free Assorted Chocolates		\$12	
TOTAL FUNDS RAISED:			\$
ORGANIZATION PROFIT 40% OF TOTAL SALES:			\$
LAKESHORE CANDY PAYMENT 60% OF TOTAL SALES:			\$
50% OF LAKESHORE PAYMENT DUE WITH THIS SHEET:			\$
50% OF LAKESHORE PAYMENT DUE AT PRODUCT DELIVERY:			\$

PLEASE SIGN AND AGREE TO THE FOLLOWING INFORMATION:

I understand that it is my organization's responsibility to process this fundraising order. I have reviewed the above information and verify that it is accurate. I have enclosed a check or money order for 50% of my balance.

 Fundraiser Chairperson

 Date