Fundrai$ing CARD PROGRAM

Grocery Only Card Pre-Sell

*Must be enrolled in the Fundraising Card Program

Date _____

Organization Name _____

Organization Account Number _____

Shipping Address (No PO Box) _____

City, State _____ Zip Code _____

Customer Name, Address, Phone, Email	$5 Cards	$10 Cards	$20 Cards	$25 Cards	$50 Cards	$100 Cards	$200 Cards	$500 Cards	TOTAL $