Fundrai$ing CARD PROGRAM

# Car Wash 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 | # of 5 count ULTIMATE Car Wash Cards $25 | TOTAL $ | Paid |
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