

MY SALES GOAL IS \$ _____

\$10 GIFT CARD
\$20 GIFT CARD

Delivery Date

MAKE CHECKS PAYABLE TO: _____



\$10 \$20

	NAME	STREET ADDRESS (No P.O. Box)	PHONE or E-MAIL	\$10	\$20	AMOUNT DUE	DLV.	PD.
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

1/2 way there!

You filled it up!

\$10 CARD	\$20 CARD	Total Dollars

Total Items

Visit us on the web at www.DutchBros.com



STUDENT'S NAME _____

STUDENT'S ADDRESS _____ CITY, STATE & ZIP _____

TEACHER NAME _____ PHONE or E-MAIL _____

TEACHER SIGNATURE _____ TOTAL SALES ALL FORMS _____ (1 of _____ forms)