



Mothers Day Fundraising Form

4615 Ottawa Street Bismarck, ND 58503
701-258-1742

Organization Name: _____

Chairperson Name: _____

Organization Address: _____

Chairperson Phone: _____

Participant Name: _____

Delivery Date: _____

plantperfect

Customer Name and Address	Telephone	\$ _____ Each 10" Shade Basket		\$ _____ Each 10" Sun Basket		\$ _____ Each 12" Sun Basket	\$ _____ Each 12" Sun Planter	Total \$	Paid
		Fuchsia	Impatiens	Geranium	Petunia	Combo Basket	Combo Planter		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total Items Sold									
								Amount Due	\$
								Amount Paid	\$

