ORDER FORM

RETURN DATE: 11/10/17	DELIVERY DATE: 12/01/17

MY NAME: _____

PHONE #: _____

ORGANIZATION: GBN Choir Theatre Patrons Organization

MAKE CHECKS PAYABLE TO: GBN CTPO or GBN BPO

ALLERGEN NOTICE

PRODUCTS CONTAIN EGG, MILK, SOY, WHEAT. PRODUCTS DO NOT CONTAIN NUTS, BUT ARE MANUFACTURED IN A FACILITY AND ON EQUIPMENT WHICH PROCESSES NUT PRODUCTS.

	CUSTOMER NAME	PHONE NUMBER	$14 EACH							ITEMS	AMOUNT
			APPLE	CINNAMON	CREAM CHEESE	RASPBERRY	CARAMEL ROLLS	STRAWBERRY & CREAM CHEESE	4 CHEESE & HERB		
1.											$
2.											$
3.											$
4.											$
5.											$
6.											$
7.											$
8.											$
9.											$
10.											$
11.											$
12.											$
13.											$
14.											$
15.											$
16.											$
17.											$
18.											$
	TOTAL EACH COLUMN		$14 EACH							ITEMS	AMOUNT
											$

rite bite FUNDRAISING
1-888-879-2589
WWW.RITEBITEFUNDRAISING.COM
INFO@RITEBITEFUNDRAISING.COM

THANKS SO MUCH FOR YOUR SUPPORT!

PRODUCTS ARE EXCLUSIVE TO FUNDRAISING AND NOT SOLD IN RETAIL STORES
PASTRIES – 22 OZ. | CARAMEL ROLLS CONTAIN 9 INDIVIDUAL ROLLS – 23 OZ.