

FUNDRAISING

ORDER FORM



NAME: _____

PHONE: _____

COST: \$15 PER BOX

FLAVOURS

QTY *(1 = box of 6 cupcakes)*

DOUBLE CHOC

☐

CARAMEL OVERLOAD

☐

CONFETTI SPRINKLES

☐

STRAWBERRY SWIRL

☐

NUTELLA SWIRL

☐

COOKIES & CREAM

☐

LEMON BLISS

☐

MOCHA COFFEE

☐

TOTAL BOXES: _____

TOTAL SPEND: _____

