

# Harvesting Profits Apple Butter Fundraiser Reservation Form

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Reminder:**                    **You must order full cases (12 jars per case.)**  
**Minimum Order is 15 cases.**  
**Please allow us 2 weeks to fill your order.**

## Presale

I estimate we will need \_\_\_\_\_ cases of Apple Butter

Approximate date we will need our Apple Butter: \_\_\_\_\_

### ***For office use only:***

Order Finalized On: \_\_\_\_\_ By: \_\_\_\_\_

Total Number of Cases Needed: \_\_\_\_\_

Apple Butter will be:

Picked up on: \_\_\_\_\_ **OR**  Delivered on: \_\_\_\_\_

\$100 Delivery Charge (if under 100 cases)

Total Amount Owed: \_\_\_\_\_

Paid by:

Cash     Check     School PO     Visa     MasterCard     Discover

Payment Received on: \_\_\_\_\_ By: \_\_\_\_\_