

HERITAGE FALLS CANDLES

Fundraiser Final Tally & Order Form

DATE: _____ EMAIL: _____

____ Please ship order ____ We will pick order up (please call to arrange)

Name of Group/Organization: _____

Sponsor/Contact Person: _____ Phone: _____

Ship to: (you will be billed separately for your shipping charges)

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Method of Payment:

____ Check (enclosed) ____ Money Order ____ Credit Card (please call)

CANDLES

Please complete and turn in this form in addition to a summarized order form (will not be returned-keep copies for your records). Feel free to contact Christina with questions at:402-245-3443, on the cell at 402-801-0205 or at info@heritagefallscandles.com while compiling this data. Forms can be mailed to:

Heritage Falls – 1614 Stone Street, Falls City, NE 68355

PINT Jar Candles

Ordered _____ X \$15.00 = \$_____ Gross Sales
 minus \$_____ Group/Organ. Profit (50% of GROSS)
 equals \$_____ Due to: **Heritage Falls**

HALF PINT Candles

Ordered _____ X \$10.00 = \$_____ Gross Sales
 minus \$_____ Group/Organ. Profit (50% of GROSS)
 equals \$_____ Due: **Heritage Falls**

MINI JAR Candles

Ordered _____ X \$7.00 = \$_____ Gross Sales
 minus \$_____ Group/Organ. Profit (50% of GROSS)
 equals \$_____ Due: **Heritage Falls**

QUBES

Ordered _____ X \$5.00 = \$_____ Gross Sales
 minus \$_____ Group/Organ. Profit (50% of GROSS)
 equals \$_____ Due: **Heritage Falls**

Total Gross Sales: \$ _____ **Total Group Profit: \$** _____

Amount Due to Heritage Falls: \$ _____

PLUS Sales Kit (if included) \$ _____

TOTAL AMOUNT DUE (and payable to) Heritage Falls \$ _____

Order Prepared By: _____

Date: _____