

HERITAGE FALLS CANDLES

Fundraiser Final Tally & Order Form

DATE: _____ Rep/Consultant: _____

____ 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 Kris or Jenn with questions at: 402-245-3443, on the cell at 402-245-8206 or at customerservice@heritagefallscandles.com while compiling this data. Forms can be mailed to:

Heritage Falls – 120 West 16th, Falls City, NE 68355

PINT Jar Candles

Ordered _____ X \$14.00 = \$ _____ Gross Sales
minus \$ _____ Group/Organ. Profit
equals \$ _____ Due to: **Heritage Falls**

HALF PINT Jar Candles

Ordered _____ X \$9.00 = \$ _____ Gross Sales
minus \$ _____ Group/Organ. Profit
equals \$ _____ Due to: **Heritage Falls**

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

Amount Due to Heritage Falls : \$ _____
PLUS \$49.50 PER Sales Kit (if included) \$ **49.50**
TOTAL AMOUNT DUE (and payable to) **Heritage Falls** \$ _____

Order Prepared By: _____ Date: _____