

Poinsettia Donation Form



2024



Your Name:

Phone/Contact:

DONOR NAME AND PHONE #	CENTER-PIECE: \$ each	RED	WHITE	PINK	SUPERBA GLITTER	Each PRICE	SUBTOTAL	PAID
		4"	4"	4"	4"			
		6"	6"	6"	6"			
		10"	10"	10"	10"			
		4"	4"	4"	4"			
		6"	6"	6"	6"			
		10"	10"	10"	10"			
		4"	4"	4"	4"			
		6"	6"	6"	6"			
		10"	10"	10"	10"			
		4"	4"	4"	4"			
		6"	6"	6"	6"			
		10"	10"	10"	10"			
		4"	4"	4"	4"			
		6"	6"	6"	6"			
		10"	10"	10"	10"			
		4"	4"	4"	4"			
		6"	6"	6"	6"			
		10"	10"	10"	10"			

SAFETY RULE & SALES TIPS

- SAFETY FIRST!** Never fundraise without a parent or adult guardian.
- Identify yourself, your group, and the reason you're fundraising.
- Ask friends, relatives, and neighbors to help by purchasing one or more poinsettias to help you reach your goal.

Organization:

Contact Name:

Phone Number: