

Consolidation Form



2025



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|----------------------------|--|--|
| Organization | | Delivery Date: |
| Receiver First & Last Name | | Requested Delivery Timeframe: <input type="checkbox"/> Morning (7:00-11:00 am) <input type="checkbox"/> Midday (Noon - 2:00 pm) <input type="checkbox"/> Afternoon (past 2:00 pm) |
| Delivery Address | | |
| Receiver Cell Phone | | |
| Email | | |

| | Item Description | QTY | Cost | Subtotal |
|---|----------------------------|-----|---------|----------|
| 1 | 12" Hanging Basket - SUN | | \$22.00 | |
| 2 | 12" Hanging Basket - SHADE | | \$22.00 | |

Sales Tax: _____

Total Due to Van Wingerden Greenhouses:

Notes:
