



Fundraiser Date: From _____ to _____

Return forms by: _____

Checks Payable to: _____

Organization: _____ Participant Name: _____		2 oz. Sealed Curds	5 oz. Sealed Curds						1 lb. Sealed Curds					Total	PD.	
		PRICE EACH \$ _____	PRICE EACH \$ _____						PRICE EACH \$ _____							
Customer Name	Phone	NATURAL	NATURAL	CAJUN	GARLIC	RANCH	HOT BUFFALO	HICKORY BACON	DILL PICKLE	NATURAL	CAJUN	GARLIC	RANCH	TACO		
Please make checks payable to:		Totals														