# SCARF FUNDRAISER PRE-ORDER FORM:

Pre-Sale Dates: _____

| Customer Name: | Phone Number | Email Address | Quantity: | Total | Paid | Delivered |
|---|---|---|---|---|---|---|
| Jane Doe | (xxx) xxx – xxxx | janedoe@example.com | 1 | $0.00 | X | X |
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Cost per scarf: _____ Advisor Contact Info: _____

Checks made payable to: _____

Ruffneck® scarves .com