Phone: 619.582.9900
Fax: 619.582.4500
Toll Free: 866.763.6245
Email: customerservice@scentcofundraising.com

## Fundraising Order Form



## CHECK ONE OPTION

$\square$ I am faxing an official Purchase Order.
$\square$ I am mailing in a check with this form.
$\square$ Charge my credit card now
*Please ensure that the Billing Address information below matches the credit card


Signature: $\qquad$


Contact
Name:
Email: $\quad$ Your Position: $\quad$ Phone: $(\quad)$

## Billing Address

| Today's Date (mm/dd/yy): |  |
| :---: | :---: |
| Bill to: |  |
| Address: |  |
| City: | State: |
| Zip: | Phone: ( ) |

## Shipping Address

$$
\begin{aligned}
& \text { Ship to: } \quad \square \text { Use Billing Address } \\
& \text { School/Organization:__ Phone: }\left(\begin{array}{l}
\text { State: } \\
\text { Address: } \\
\text { City:__ Zip: }
\end{array}\right.
\end{aligned}
$$

