



Donatefruit.com – standard order form

BILL TO

Name: _____

Company: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____ *(required field for shipping)*

Email (optional): _____ *(include if you wish to receive order confirmation via email)*

SHIP TO (if different than BILL TO)

Name: _____

Company: _____

Address: _____ ***(cannot be P.O. Box or APO)***

City: _____

State: _____

Zip: _____

Phone Number: _____ ***(required field for shipping)***

*SELECT SHIPPING METHOD

Standard Ground (Colors Yellow, Brown & Green): \$9.95
 3Day Delivery: \$12.95
 2-Day Express: \$19.95
 Overnight: \$24.95

**Standard Shipping arrives in 5-7 business days, including order processing. See website for detailed Shipping information.*

Product	Price	Qty	Preferred Arrival Date	Greeting	*Shipping	Subtotal

CREDIT CARD PAYMENT INFO

TYPE OF CARD	_____
NAME ON CARD	_____
CARD NUMBER	_____
EXPIRES	_____
SECURITY CODE:	_____

Subtotal \$ _____

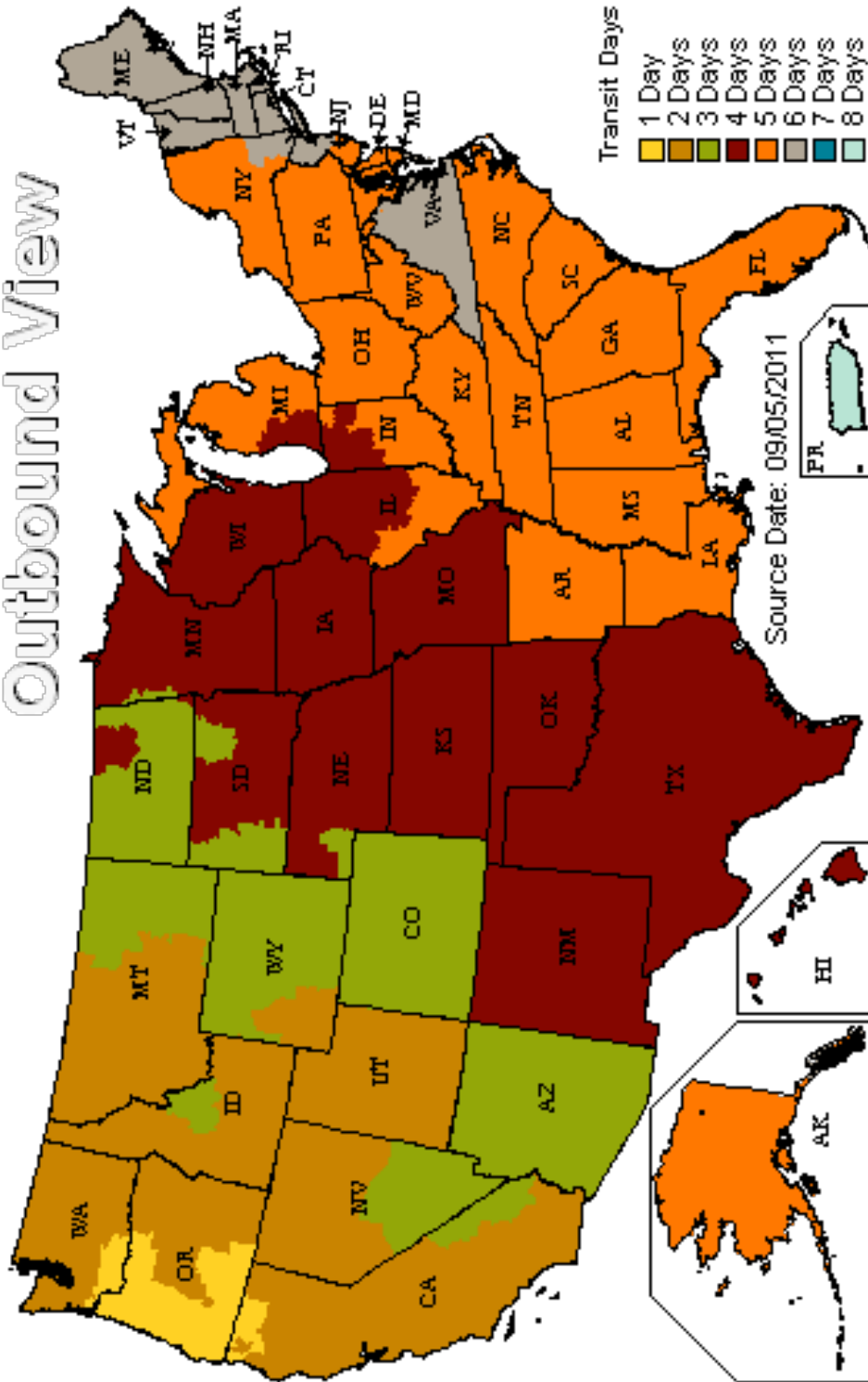
Shipping \$ _____

Total \$ _____

Mail or Fax for Order Processing To:

donate fruit : po box 996 : medford : OR : 97504 : for assistance call: 1.877.740-PEAR (7327) : fax: 541.772.2135

Outbound View



Mail or Fax for Order Processing To:

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