



## Fundraising Gift Card Order Form

Today's Date: \_\_\_\_\_ Date requested for pick up: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pick up location: \_\_\_\_\_

Denomination	Quantity		\$ Value	= Subtotal Due
\$20.00		X	\$17.00 (15% Discount)	
\$100.00		X	\$85.00 (15% Discount)	

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax this form to the  
Fundraiser Coordination Department @ 248.651.9009  
(call to verify order was received 248.651.9000 ext 1013)

**\*\*\*We ask for 2 business days notice on all gift card orders.\*\*\***

---

**For Office Use Only**

Invoice # \_\_\_\_\_ Payment Invoice # \_\_\_\_\_