HERITAGE FALLS CANDLES
Fundraiser Final Tally & Order Form

DATE: _____ EMAIL: _____

____ Please ship order ____ We will pick order up (please call to arrange)

Name of Group/Organization:_____

Sponsor/Contact Person: _____ **Phone:** _____

Ship to: *(you will be billed separately for your shipping charges)*

NAME: _____ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Method of Payment:
____ Check (enclosed) ____ Money Order ____ Credit Card (please call)

****

CANDLES

Please complete and turn in this form in addition to a summarized order form (will not be returned-keep copies for your records). Feel free to contact Christina with questions at:402-245-3443, on the cell at 402-801-0205 or at info@heritagefallscandles.com while compiling this data. Forms can be mailed to:

Heritage Falls – 1614 Stone Street, Falls City, NE 68355

PINT Jar Candles
Ordered _____ X $17.00 = $_____ Gross Sales
minus $_____ Group/Organ. Profit (50% of GROSS)
equals $_____ Due to: **Heritage Falls**

HALF PINT Candles
Ordered _____ X $10.00 = $_____ Gross Sales
minus $_____ Group/Organ. Profit (50% of GROSS)
equals $_____ Due: **Heritage Falls**

MINI JAR Candles
Ordered _____ X $7.00 = $_____ Gross Sales
minus $_____ Group/Organ. Profit (50% of GROSS)
equals $_____ Due: **Heritage Falls**

QUBES
Ordered _____ X $5.00 = $_____ Gross Sales
minus $_____ Group/Organ. Profit (50% of GROSS)
equals $_____ Due: **Heritage Falls**

Total Gross Sales: $_____ **Total Group Profit: $_____**

Amount Due to Heritage Falls: **$ _____**
PLUS Sales Kit (if included) **$ _____**
TOTAL AMOUNT DUE (and payable to) Heritage Falls **$ _____**

Order Prepared By: _____ *Date:* _____