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2011 Fund Raising Program Order Form

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Fund Raising Product Ship To:	
Attention of:	
Telephone#:	() -
Fax #:	() -
E-Mail Address	
Organization:	
Street Address:	
City:	
State:	
Zip:	Date:

Payment Method: Organization/Coordinator: Please Make Checks Payable to The Page Seed Company (Recipients of Fund Raiser items make checks payable to the person who is the Fund Raiser Coordinator)	
Method:	(Please DO NOT Send Cash) Check <input type="checkbox"/> Credit Card <input type="checkbox"/>
Type:	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx <input type="checkbox"/> Discover <input type="checkbox"/>
Card or Check#:	
Expiration Date:	
	<input type="checkbox"/> I have provided the last 4 digits of my credit card number above as a reference. Please call me at the telephone number above for full credit card information.
Signature:	

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Date: / /

Organization: _____

Item Letter	Description	Quantity Required	(P) Order Price	Totals
A	Eco-Plant-It!		\$5.00	
B	Patriotic Colors R,W, & B		\$5.00	
C	Classic Cut Flower		\$5.00	
D	Preferred Perennial Plot		\$5.00	
E	Pet Grazing Garden		\$5.00	
F	Bird & Butterfly Garden		\$5.00	
G	Very Veggie Garden		\$7.50	
H	Chef's Choice Herb		\$7.50	
I	Salad Spectacular		\$7.50	
J	Wildflower Meadow		\$2.50	
K	Fabulous Fall Harvest		\$5.00	
L	Wild, Weird, & Wacky!		\$5.00	
	Total # of Items		Total	
			(P) Code	
Subtotal All Ordered Items				
NY State Sales Tax (if NY State AND a for profit Organization)				
Shipping & Handling Charges- Must provide street address				\$15.00
Tax Exempt Non-Profit ID #				
Total Order Amount Due				