|  |  |
| --- | --- |
|  | Rotary Club of Clover Park*2018 Charity Rose Sale Order Form* |

Sold to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_**\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sold by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Rotarian’s name

|  |  |  |  |
| --- | --- | --- | --- |
| **Quantity** | **Color** | **Cost Per Dozen** | **Total** |
|  | Red | $25 | $ |
|  | Pink (Available for order until March 30th) | $25 | $ |
|  | Yellow (Available for order until March 30th) | $25 | $ |
|  | Donation |  | $ |
|  | **TOTAL QUANTITY** | **GRAND TOTAL** | $ |
| **DELIVERY INSRUCTIONS** **Please Print Clearly** |
|  |  |  |  |  |
| Street |  | City |  | Zip Code |
|  | [ ]  | Business | Preferred Delivery Date | [ ]  | April 24 |
| Phone | [ ]  | Residence | [ ]  | April 25 |
| Recipient(s) Name |  |
|  |
| Special Delivery Instructions: |  |
|  |
| **To be completed by the Rotarian making this sale**[ ]  **I will deliver order or** [ ]  **I want the committee to deliver the order** Note: The committee can deliver to addresses in South King, Pierce, and North Thurston Counties only. All info concerning orders to be delivered by the committee must be turned in no later than Wednesday, April 18. |

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| **METHOD OF PAYMENT** |
| [ ]  Cash  | [ ]  Check Number |  |  |
| Credit Card: | [ ]  Visa  | [ ]  MasterCard | [ ]  Amex | [ ]  Discover |
| Card Number:  |
| Expiration Date |  / | CVV |  | Billing Zip Code |  |
|  |  MM / YY |  | Three digit code on back Amex four digit code on front |  |
| Name as Printed on Card |  |