



Master Fundraiser Order Form

Date: _____

Name: _____

Address: _____

Phone: _____

Name of Organization: _____

Med-Fast Store Location for Delivery: _____

Requested Delivery Date: (at least 2 weeks from placement of order) _____



Qty	Bags (Package of 30)	Price	Total
	<i>Solid Chocolate</i>	\$21.00	
	<i>Crispy</i>	\$21.00	
	<i>Carmel</i>	\$21.00	
	<i>Almond</i>	\$21.00	
	<i>Peanut Butter</i>	\$21.00	

Total Order Amount:

Submit Master Order Form at any Med-Fast Pharmacy
 Please make check payable to Med-Fast Pharmacy
 Products can be picked up in two weeks (or on requested delivery date)