



Contact Information

Name _____
 Title _____
 Group Name _____
 Phone (daytime) _____
 Phone (evening) _____
 Fax _____
 Email _____

Billing Address

Contact Name _____
 Street _____
 City _____
 State _____ Zip _____

Shipping Address

Same as billing address

Contact Name _____
 Street _____
 City _____
 State _____ Zip _____

Order Details

1. Quantity of cards (Min. 20 cards): _____ @ \$20 each = \$ _____
+ 10% free cards (1 card for every 10 ordered) _____

+ \$20 Shipping, Handling and Personalization fee (100 cards or less) : _____

TOTAL COST: _____

2. Choose one of the following cards:

- | | | | | | |
|---|--|--|---|--|---|
| <input type="checkbox"/> General | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Track & Field | <input type="checkbox"/> Band | <input type="checkbox"/> Music | <input type="checkbox"/> Christmas |
| <input type="checkbox"/> USA Flag | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Swimming | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Church | <input type="checkbox"/> Animal Shelter |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Hockey | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Elementary School | <input type="checkbox"/> Catholic Church | <input type="checkbox"/> Canada Flag |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Wrestling | <input type="checkbox"/> High School | <input type="checkbox"/> Bowling | |
| <input type="checkbox"/> Girls Basketball | <input type="checkbox"/> Softball | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> School | <input type="checkbox"/> Scouts | |
| <input type="checkbox"/> Football | <input type="checkbox"/> Football/Cheerleading | <input type="checkbox"/> Dance | <input type="checkbox"/> University/Varsity | <input type="checkbox"/> Skyis the limit | |

3. Group name to be printed on the cards: _____

4. Print team/group logo on each card - FREE! NO YES (please email logo)

5. Coupons: includes 60 coupons per card.

6. Desired delivery date (Allow 6 business days.): _____

Payment Details (5% discount when paying with credit card)

<input type="checkbox"/> VISA	Card #: _____ Exp: _____
<input type="checkbox"/> MASTER CARD	
<input type="checkbox"/> DISCOVER	
<input type="checkbox"/> DEBIT CARD	

Money Order or Certified Check
 Please make payable to:
B Barthol Enterprises LLC
 5642 Limeport Road
 Emmaus, PA 18049
 info@justforfundraising.com

(Your organization's signed Purchase Order may be accepted for 100 cards or more.)

Date _____

Signature _____

Print Name _____

