Thanks so much for your support!

Return Order Date: 03/27/19	Delivery Date: 04/15/19

Fundraising Purpose: _____

Group Goal: _____ My Goal: _____

Teacher/Class: _____

My Name: _____ My Phone: _____

Group Name: Gallatin Gallopers

Checks Payable: Gallatin Gallopers

Contact Name: Marie Jones Contact Phone #: (406) 580-5906

PLEASE COLLECT PAYMENT WHEN TAKING ORDERS

ALLERGEN NOTICE:
This product may contain Egg, Milk, Soy, Wheat.

This product does not contain nuts, but is manufactured in a facility and on equipment which processes nut products.

	Customer Name	Phone	Four Cheese & Herb w/Marinara $15	Caramel Roll w/ Caramel Glaze $15	Apple $15	Blueberry & Cream Cheese $15	Cherry $15	Cinnamon $15	Raspberry $15	Strawberry & Cream Cheese $15	Items	Amount
1												$
2												$
3												$
4												$
5												$
6												$
7												$
8												$
9												$
10												$
11												$
12												$
13												$
14												$
15												$
16												$
17												$
18												$
19												$

FC	CA	AP	BC	CH	CI	RA	SC	Items	Amount

Please Total:

Success N Fundraising, LLC
406-282-7441
montanabraid@successnfr.com

www.successnfr.com

www.butterbraid.com