

PAYMENT COLLECTION ENVELOPE

Vesey's Bulbs FUNDRAISING PROGRAM

NAME OF ORGANIZATION: _____

NAME OF CHAIRPERSON: _____

NAME OF SELLER: _____

SELLER'S PHONE: daytime _____ evening _____

ORDER FORMS AND PAYMENT MUST BE RETURNED TO YOUR CHAIRPERSON BY: **SEP 30** _____

SELLERS PLEASE NOTE: Cheques from your customers must be made payable to your organization and NOT to Vesey's Bulbs

