Order Form

FRESH *from the* **FARM**
Healthy Fundraising for Ontario Schools

School Name:_____

Teacher Name: _____

Student Name: _____

Customer Information			Vegetable Bundle	Apple Bundle	Total $	Payment Method		Product Received
Name	Email	Phone	$	$	$Veg+$Apple	Cash	Cheque	☑
	TOTAL		$	$	$	$	$	