

TMA Calendar Fundraiser Order Form

Student Name: _____ **Contact Phone #:** _____ **Grade:** _____

****Be sure to print clearly as this is used to mail checks to the winners.** Calendars are \$15 each.**

Name	Address	City	State	Zip	Total # of calendars ordered	# of printed calendars	Total Amount Due	For Office Use Only – DO NOT WRITE HERE
TOTALS								

Did you write your name, phone, and grade at the top of this form? Are you including checks only (NO CASH)?