



# ORDER FORM

School name:	Checks payable to:	Fundraiser ends:
Student name:	Teacher / Grade:	Student phone #:

Each 6-pack Skoy cloth: \$10

Name	Address	Phone	Quantity	Sub-total	Paid
E.g. Joy Leaf	1 Apple Tree Lane, Orchard Valley, CA 93401	(800) 990-4757	3	\$30	✓
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
<b>TOTALS:</b>					

Thanks for supporting your local school.

Any questions or comments, please e-mail us at [info@skoycloth.com](mailto:info@skoycloth.com)