

# BLACK MIRACLES FUND RAISER

## ORDER LIST

Members Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Out: \_\_\_\_\_ Date in: \_\_\_\_\_

Name	H. Phone Number	C. Phone Number	Item Ordered	Quant.	Price per Item	Total Owed	PAID?
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							

**Fund Raiser Contact Phone No.:** \_\_\_\_\_