



Valentine's Day Candy Grams



\$1.00 each
(mixed candies & chocolate)

Please submit exact \$ amount; make checks payable to Morrison HS
Contact susannahelps@morrisonps.com

Orders due Thursday, February 7th

Delivery on Valentine's Day, Thursday, February 14th
(Elementary Classroom Teacher / HS 4th hour)

Class of 2023 Fundraiser



SAMPLE ORDER FORM

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Valentine's Day Candy Gram

To: First & Last Name (of Recipient) Quantity: #

Elem. Teacher/HS 4th hr.: Recipient's Teacher x \$1.00

From: Your Name Total: \$ #.00

For Office Use Only	
Date Received:	_____
Amount Received: \$	_____
<input type="radio"/> Cash <input type="radio"/> Check	_____
Received by:	_____

Special Dietary Request: (Circle IF required) NO Chocolate NO Nuts

USE ORDER FORMS ON BACK





Valentine's Day Candy Gram

To: _____
Elem. Teacher/HS 4th hr.: _____
From: _____
Special Dietary Request: NO Chocolate NO Nuts

Quantity: _____
x \$1.00
Total: \$ _____

For Office Use Only	
Date Received:	_____
Amount Received: \$	_____
<input type="radio"/> Cash	<input type="radio"/> Check _____
Received by:	_____



Valentine's Day Candy Gram

To: _____
Elem. Teacher/HS 4th hr.: _____
From: _____
Special Dietary Request: NO Chocolate NO Nuts

Quantity: _____
x \$1.00
Total: \$ _____

For Office Use Only	
Date Received:	_____
Amount Received: \$	_____
<input type="radio"/> Cash	<input type="radio"/> Check _____
Received by:	_____



Valentine's Day Candy Gram

To: _____
Elem. Teacher/HS 4th hr.: _____
From: _____
Special Dietary Request: NO Chocolate NO Nuts

Quantity: _____
x \$1.00
Total: \$ _____

For Office Use Only	
Date Received:	_____
Amount Received: \$	_____
<input type="radio"/> Cash	<input type="radio"/> Check _____
Received by:	_____



Valentine's Day Candy Gram

To: _____
Elem. Teacher/HS 4th hr.: _____
From: _____
Special Dietary Request: NO Chocolate NO Nuts

Quantity: _____
x \$1.00
Total: \$ _____

For Office Use Only	
Date Received:	_____
Amount Received: \$	_____
<input type="radio"/> Cash	<input type="radio"/> Check _____
Received by:	_____

