



Fund-Raising TRACKING FORM

Seller's Name: _____

Phone: _____

School or Organization: _____

Phone: _____

Don't forget to ask friends, relatives, neighbors and co-workers. Please make all checks payable to the school or organization.

	Name	Address	Phone	Qty.	Price/ ea.	Total Amt. Pd.
1					X \$ _____	\$ _____
2					X \$ _____	\$ _____
3					X \$ _____	\$ _____
4					X \$ _____	\$ _____
5					X \$ _____	\$ _____
6					X \$ _____	\$ _____
7					X \$ _____	\$ _____
8					X \$ _____	\$ _____
9					X \$ _____	\$ _____
10					X \$ _____	\$ _____
11					X \$ _____	\$ _____
12					X \$ _____	\$ _____
13					X \$ _____	\$ _____
14					X \$ _____	\$ _____
15					X \$ _____	\$ _____
16					X \$ _____	\$ _____
17					X \$ _____	\$ _____
18					X \$ _____	\$ _____
19					X \$ _____	\$ _____
20					X \$ _____	\$ _____
					Total X \$ = \$ _____	

Thank you for helping our organization!