



SMILE COOKIE FUNDRAISE PRE-ORDER FORM
4033 New Street Location, Burlington, Ontario L7L 1S8
Stephanie, Tom and Lynda Buscarino thank you for your support!

QUANTITY _____ (@ \$1.50 each) **DATE:** Mon Tues Wed Thur Fri Sat Sun **MAY** _____ **2023**
(circle the day)

TIME: _____ **AM / PM** **PICK UP** _____ **DELIVERY** _____
(Please Check One)

COMPANY/ORGANIZATION NAME: _____

CONTACT NAME: _____ TEL # _____

ADDRESS: _____

PACKAGING INSTRUCTIONS: (if any) _____

SPECIAL INSTRUCTIONS: (if any) _____

TOTAL PRICE \$ _____ PAYMENT ARRANGEMENTS _____ (per Tim Horton's Rep)

ORDER PLACED BY: _____
(Please Print Your Name)

X _____
Please Sign Here

ORDER REC'vd BY: _____
(Tim Horton's Rep)

X _____
Please Sign Here



*Please take this Completed Pre-Order Form to the Tim Hortons Location indicated at the Top of this Page