

# DELIVERY FORM

THIS DELIVERY FORM MUST BE RETURNED WITH BOTH COPIES OF THE MASTER SHEET.

SEND ORDERS TO: Sarris Candies, Inc. • 511 Adams Avenue • Canonsburg, PA 15317

Phone: 1-800-255-7771 • Fax: 724-745-7092

**1**

## ORGANIZATION

Account # \_\_\_\_\_

## BILLING ADDRESS

Organization Name: \_\_\_\_\_ Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Day/Cell Phone: \_\_\_\_\_ Day/Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**2**

## INCENTIVE / PRIZE OPTIONS

### SALES

### EXTRA 2%

OR

### GIFT CARD PRIZE PROGRAM

\$500\*-\$1,499

25%

Not Eligible

\$1,500-\$2,499

27%

Not Eligible

\$2,500-\$4,999

32%

30% + (1) \$25 Amazon Gift Card  
(1) \$50 Amazon Gift Card

\$5,000 & UP

35%

33% + (1) \$25 Amazon Gift Card  
(1) \$50 Amazon Gift Card  
(1) \$100 Amazon Gift Card

\*If your order is less than \$500, please call the office for profit options.

**3**

## DELIVERY DATE

## DELIVERY ADDRESS

Requested Date: \_\_\_\_\_ Organization: \_\_\_\_\_

\*Subject to availability

Please check "✓" a time frame that will best suit your needs:

Address: \_\_\_\_\_

AM \_\_\_\_\_ (7:00 AM - Noon)

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

PM \_\_\_\_\_ (Noon - 4:00 PM)

Contact Person: \_\_\_\_\_

PM \_\_\_\_\_ (4:00 PM - 7:00 PM)

Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Time Restrictions: \_\_\_\_\_ (Cell): \_\_\_\_\_

**DELIVERY DIRECTIONS** (From nearest major highway or landmark) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Let's Get Started

Thank you for choosing to participate in our  
Traditional Holiday Brochure fundraising program.

- Schedule your delivery date and time with us.** Orders are due **three (3) weeks** prior to your chosen delivery date for the Christmas sale and **four (4) weeks** before your delivery date for the Easter sale.
- Distribute sales kits.** Instruct each person to return **BOTH COPIES** of the Master Sheet to you. The color brochure stays with the salesperson for their distribution.
- Please be sure your organization name is on each Master Sheet. DO NOT USE ABBREVIATIONS.** You may wish to check the figures and math prior to submitting your Master Sheets.
- Only code orders if this will assist you in distribution on delivery day** or if you are having a contest between rooms or grades.
- Mail both copies of the Master Sheet to us along with the attached delivery form.**
- Our drivers will organize your individual orders per your instructions.** Please advise your salespeople when the order will arrive. Please schedule pick-up of orders **one (1) hour** after your scheduled delivery time.

**NOTE: Absolutely no fundraising orders will be filled in our retail store.**