



AMERICAN CANCER SOCIETY

# Daffodil Days<sup>®</sup>

## Hope By The Bunch<sup>®</sup>

Week of March 18, 2018

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

Business/Organization/School Name \_\_\_\_\_

Street \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ I would like my order delivered to me (\$250 minimum)

\_\_\_\_\_ I will pick-up my flowers (you will receive a phone call prior to Daffodil Days week with location, date, and time)

Daffodil Items/Donations	Quantity	Donation	Total
Bunch of Daffodils	_____	\$10.00	\$ _____
Potted Mini Daffodils	_____	\$15.00	\$ _____
Lollipops – chocolate	_____	\$1.00	\$ _____
Lollipops – yellow	_____	\$1.00	\$ _____
Gift of Hope*	_____	\$25.00	\$ _____
General Contribution	_____		\$ _____
		<b>Order Total</b>	\$ _____

\*Gift of Hope program provides bunches of daffodils to be delivered to patients in hospitals, treatment centers, and other facilities in local communities.

### ORDERS DUE/PAID IN FULL BY FEBRUARY 5, 2018

**Please handle payment as follows:** ☐ Cash ☐ Check # \_\_\_\_\_ ☐ Credit Card

If paying by credit card, please fill out the information below.

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

Optional Event Credit Information (Please designate which event should receive credit for your order. Again, this is optional.)

Event Name \_\_\_\_\_ Team/Participant \_\_\_\_\_

Please mail donations and form to :

**American Cancer Society** – Attn: Kelly Fennessy, 320 Bilmar Drive, Pittsburgh, PA 15205

If you have any questions, please call 412.919.1100