## SHIP TO:

Organization Name: $\qquad$

| Address: | City: | Province: |  | P. C.: |
| :---: | :---: | :---: | :---: | :---: |
| Work Phone: | Home: Phone: |  | Cell Phone: <br> Position: |  |
| Email Address: | Attention: |  |  |  |
| BILL TO: $\quad \square$ Same as ship to |  |  |  |  |
| Organization Name: |  |  |  |  |
| Address: | City: | Province: |  | P.C.: |
| Work Phone: | Home: Phone: |  | Cell Phone: |  |
| Email Address: | Attention: |  | Position: |  |

## MOM'S PANTRY OFFERS THREE FUNDRAISING OPTIONS. PLEASE SELECT ONE OPTION.

IF NO SELECTION IS MADE, THE MY TABLE CLASSIC FUNDRAISING PROGRAM WILL BE SENT.


I certify that I am responsible for this organization. I am over 18 years of age, and I can be contacted at the address, phone numbers, and email listed above.

