



Salesperson: _____

Phone: _____

Please Support

Northern California Association of Deaf Blind

Please make all checks payable only to NCADB.

Customer: _____

Address: _____

City, State, Zip: _____

Phone: _____

Item	Price	Quantity	Total
20" Deluxe Noble Fir Wreath with Bow	\$30.00		
22" Deluxe Noble Fir Wreath with Bow	\$32.00		
26" Deluxe Noble Fir Wreath with Bow	\$36.00		
22" Rustic Cedar & Noble Fir Wreath	\$32.00		
26" Rustic Cedar & Noble Fir Wreath	\$36.00		
28" Noble Fir Door Swag with Bow	\$27.00		
28" Deluxe Noble Fir Cross	\$36.00		
12" Noble Fir Candle Ring with 3.5" Candles	\$26.00		
20" Advent Wreath with 4 Taper Candles	\$32.00		
15" Fresh Cedar Garland	\$28.00		
12" Door Hanger	\$4.00		
Red Velvet Bow	\$2.00		

Total Items Ordered: _____ **Total:** _____

Amount Paid: _____

Balance Due: _____

Payment Type: ____ Cash ____ Check Payable to NCADB

THIS FORM MUST BE RETURNED WITH PAYMENT IN FULL NO LATER THAN: November 12, 2011
SALESPERSON:
Please record this order on your recap worksheet and return that form with all payments for your group leader for ordering.

**Thank You For Your Support of the
Northern California Association of Deaf Blind**

**Wreath Fundraising with Alpine Farms
7470 Glenwood Rd SW
Port Orchard, WA 98367**

Customer Receipt

Items Purchased:

22" Deluxe Noble Fir Wreath with Bow	
26" Deluxe Noble Fir Wreath with Bow	
22" Rustic Cedar & Noble Fir Wreath	
26" Rustic Cedar & Noble Fir Wreath	
28" Noble Fir Door Swag with Bow	
28" Deluxe Noble Fir Cross	
12" Noble Fir Candle Ring with 3.5" Candles	
20" Advent Wreath with 4 Taper Candles	
15" Fresh Cedar Garland	
12" Door Hanger	
Red Velvet Bow	

Total Items Ordered: _____

Payment Method:

Payment Type: ___ Cash ___ Check Payable to NCADB

Amount Paid: \$_____

Salesperson Name: _____

Phone: _____

Pick Up: Thursday, November 29th at Deaf Community Center,

1550 San Leandro Blvd, San Leandro, CA 94577