

# 2009 Annual Poinsettia Sale Order Form



LACC SALESPERSON: \_\_\_\_\_ CHOIR: \_\_\_\_\_

585 E. Colorado Boulevard, Pasadena, CA 91101  
 Phone: 626-793-4231 FAX: 626-793-0173  
 email: info@lachildrenschorus.org

**CUSTOMER**

Name/Company: \_\_\_\_\_  
Please Print Legibly

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

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

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

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

Attention: \_\_\_\_\_

**PICK-UP OR DELIVERY**

Plants are available for delivery and pick-up on **Tuesday, December 1**. Please check one:

Customer/Chorister family will pick up plants at the chorus office.

Please deliver this order which is over \$250. Customer will pay the applicable delivery charge.

Please donate this order to Meals on Wheels.

PLANT DESCRIPTION	QUANTITY				TOTAL QUANTITY	PRICE PER PLANT	TOTAL COST									
	Red	White	Monet <sup>†</sup>	Red Winter Rose												
4" Pot Tabletop size with 3+ blooms																
6" Pot 17 - 18" with 5 to 7 blooms																
8" Pot 22 - 24" with 10 to 15 blooms																
<sup>†</sup> Monet is a variegated plant with pink and cream blooms.						Subtotal										
Delivery is available for orders of \$250 or more to a single address within the Los Angeles area.						<table border="1"> <tr> <th>Subtotal</th> <th>Delivery Charge</th> </tr> <tr> <td>\$250 - \$500</td> <td>\$30</td> </tr> <tr> <td>\$501 - \$1,000</td> <td>\$40</td> </tr> <tr> <td>over \$1,000</td> <td>\$50</td> </tr> </table>	Subtotal	Delivery Charge	\$250 - \$500	\$30	\$501 - \$1,000	\$40	over \$1,000	\$50	Delivery Charge	
Subtotal	Delivery Charge															
\$250 - \$500	\$30															
\$501 - \$1,000	\$40															
over \$1,000	\$50															
In lieu of a poinsettia purchase, please accept my tax-deductible donation.						Donation										
<i>Prices include Sales Tax. All sales final.</i>						Grand Total										

**DELIVER TO**

*For orders over \$250 to be delivered by LACC, please complete the following. Delivery is on Tuesday, December 1, 9AM-5PM.*

Name/Company: \_\_\_\_\_ Business Hours: \_\_\_\_\_

Address: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

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

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

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

Attention: \_\_\_\_\_

I will mail a check to Los Angeles Children's Chorus to the office (address above),

Charge \$ \_\_\_\_\_ to my VISA , MC , AMEX , or Discover  # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code (CVV #): \_\_\_\_\_ Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

mm/yy mm/dd/yy

THANK YOU! All proceeds support Los Angeles Children's Chorus, a 501(c)(3) non-profit organization. EIN: 95-4431730

**FINAL DEADLINE FOR ALL ORDERS IS TUESDAY, NOVEMBER 10.**

*Keep the pink copy for your receipt. Please return white and yellow copies to LACC.*

FOR OFFICE USE: Date Order rec'd: \_\_\_\_\_ Amount rec'd: \_\_\_\_\_ Check #: \_\_\_\_\_ or Charge Auth #: \_\_\_\_\_