

# 2011 Annual Poinsettia Sale Order Form



Invoice #: \_\_\_\_\_

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 pickup on **Tuesday, November 29<sup>th</sup>**. 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 below delivery charge.

Please donate this order to Meals on Wheels.

PLANT DESCRIPTION	QUANTITY				TOTAL QUANTITY	PRICE PER PLANT	TOTAL COST									
	Red	White	Monet†	Red Winter Rose												
4" Pot Tabletop size with 3+ blooms						7.50										
6" Pot 17 - 18" with 5 to 7 blooms						12.50										
8" Pot 22 - 24" with 10 to 15 blooms						30.00										
†Monet is a variegated plant with pink and cream blooms.						<b>Subtotal</b>										
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	<b>Delivery Charge</b>	
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.						<b>Donation</b>										
<i>Prices include Sales Tax. All sales final.</i>						<b>Grand Total</b>										

**DELIVER TO**

For orders over \$250 to be delivered by LACC, please complete the following. Delivery is on Tuesday, November 29<sup>th</sup>.

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

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

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

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

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

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

- I will mail a check payable to Los Angeles Children's Chorus to the office (address above),
- Charge \$ \_\_\_\_\_ to my VISA , MC , AMEX , or Disc  # \_\_\_\_\_
- Exp. Date: \_\_\_\_\_ Security Code (CVV #): \_\_\_\_\_ Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**DEADLINE FOR ALL ORDERS IS TUESDAY, NOVEMBER 8<sup>th</sup>.**

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 #: \_\_\_\_\_