



Fund-Raising — Cow Calendar

TRACKING FORM

Seller's Name: _____ Phone: _____

School or Organization: _____ Phone: _____

*Don't forget to ask friends, relatives, neighbors and co-workers.
Please make all checks payable to the school or organization.*

	Name	Address	Phone	Calendar Qty. Ord.	X Price Each	Total Amount Paid
1					X \$_____	\$_____
2					X \$_____	\$_____
3					X \$_____	\$_____
4					X \$_____	\$_____
5					X \$_____	\$_____
6					X \$_____	\$_____
7					X \$_____	\$_____
8					X \$_____	\$_____
9					X \$_____	\$_____
10					X \$_____	\$_____
11					X \$_____	\$_____
12					X \$_____	\$_____
13					X \$_____	\$_____
14					X \$_____	\$_____
15					X \$_____	\$_____
16					X \$_____	\$_____
17					X \$_____	\$_____
18					X \$_____	\$_____
19					X \$_____	\$_____
20					X \$_____	\$_____
					TOTAL X \$ _____ = \$	

Thank you for helping our organization!