



Fund-Raising — Cow Calendar

TRACKING FORM

Seller's Name: _____ Phone: _____

School or Organization: _____ Phone: _____

*Don't forget to ask friends, relatives, neighbors and classmates at workplace, meetings and school.
Please make all checks payable to 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!