



Kiwanis Rose Day 2018

Fundraiser \$20/dozen

- Administrative Professional/Secretary Appreciation Day (4/25)
- A sweetheart, parent, or to make someone feel special!

Deadline Tuesday, April 17th

ORDER FORM INFORMATION:

- **Mail form with donation by Friday, April 13th:**
St. Charles Kiwanis Foundation
P.O. Box 3,
St. Charles, IL 60174
Phone: 410-231-8324

DONATE/ORDER ONLINE:

www.kiwanisofstcharles.org

ROSE DAY PICK UP INFORMATION:

- **Tuesday, April 24, 2018**
- Baker Community Center, 101 S. 2nd Street
- Between **7 a.m. – 3 p.m.**

**Retain top portion for your records*

My Kiwanis Rose Oder	
Qty. of dozen roses:	_____
Qty. I'd like to donate:	_____
Qty. of vases:	_____
Date Ordered:	_____
Kiwanis member	_____
Payment & Date Paid:	_____
<input type="radio"/> Cash (given to _____)	
<input type="radio"/> Check # _____	
<input type="radio"/> VISA/MC/DISCOVER	



Yes! I want to help the St. Charles Kiwanis, Golden K and Key Clubs raise funds to support local youth organizations and programs. 501(C)(3) organization - all donations tax-deductible.

Name of person picking up roses: _____	Cell # _____
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Name: _____

Day Phone: _____ Eve. Phone: _____

Please order ____dozen roses (x \$20 each) = \$ _____

Please order ____vases at \$3 each = \$ _____

Order Total: \$ _____

All donations must be prepaid:

- Cash
- My check # _____ (payable to "St. Charles Kiwanis Foundation") is enclosed.
- Please charge my credit card : ____VISA ____MasterCard ____ Discover

Card # _____ Expiration date: _____ **CVC#:** _____

Billing Address of Cardholder _____

City _____ State _____ Zip _____

Mail/return this form & donation no later than Friday, April 13. St. Charles Kiwanis Club, P. O. Box 3, St. Charles. IL 60174

Roses ordered from:

<input type="checkbox"/> Kiwanis Club Member <input type="checkbox"/> Kiwanis Golden K Member <input type="checkbox"/> Kiwanis Key Club Member