Your Distributor:

DMI Fundraising
8643 Louisiana Pl
Merrillville, IN 46410
800-628-5905
www.dmifundraising.com

FUNDRAISING ORDER FORM

Today's Date (mm/dd/yy): _____

Bill to: _____

School: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (____) _____

Contact Person: _____

Email: _____

Your Position: _____

Ship Date (mm/dd/yy): _____

Ship to: Billing Address: ☐ Residential Address – Add $10: ☐
(Signature Required)

School: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (____) _____

Contact Person: _____

Email: _____

Your Position: _____

Product	Sells for	Group's Profit	Case Count	Cost per Case	No. of Cases	Extension
Smencils	$1	40%	10 Buckets of 50	$300		
Sports Smencils	$1	40%	10 Buckets of 50	$300		
Gamer Smencils	$1	40%	10 Buckets of 50	$300		
Birthday Smencils	$1	40%	6 Buckets of 50	$180		
Smart Peppermint Smencils	$1	40%	6 Buckets of 50	$180		
Soda Shop Smencils	$1	40%	6 Buckets of 50 (3 Styles)	$180		
Sweet Heart Smencils	$1	40%	10 Buckets of 50	$300	UNAVAILABLE	
Spring Smencils	$1	40%	10 Buckets of 50	$300	UNAVAILABLE	
Halloween Smencils	$1	40%	10 Buckets of 50	$300	UNAVAILABLE	
Holiday Smencils	$1	40%	10 Buckets of 50	$300	UNAVAILABLE	
Crayola Silly Scents: Smencils	$1	40%	10 Buckets of 50	$300		
Mechanical Smencils	$1	40%	10 Buckets of 30	$180		
Sketch & Sniff Gel Crayons	$1	40%	6 Buckets of 50	$180		
Glitter Gel Smens	$2	50%	10 Buckets of 32	$320		
Tri-Color Smens	$2	50%	10 Buckets of 32	$320		
Neon Gel Smens	$2	50%	10 Buckets of 32	$320		
Scented Keychains	$2	40%	Case of 200 (4 styles)	$240		
Cutie Fruitie: Plush Pencil Pouch	$5	40%	Case of 80 (4 Styles)	$240		
					Subtotal	
			For orders that need to be shipped to a CA address, add your % of district & state Sales Tax			
					If residential add $10	
					Order Total	

*FREE GROUND SHIPPING
WITHIN THE 48 CONTIGUOUS STATES

Effective Jan. 2021 - July 31, 2021

CHECK ONE OPTION

☐ I am faxing an official School Purchase Order.

☐ I am mailing in a check with this form.

☐ Charge my credit card now.
**Please ensure that the "Bill to" information matches the credit card.*

Visa ◯ MasterCard ◯ Discover ◯ American Express ◯

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp. Date: ☐☐☐☐

Billing Zip Code: ☐☐☐☐☐ Signature: _____

NOTES: