

Cupcake Order Form



Business or event name: _____

Address for cupcake delivery: _____

Primary Contact Name: _____ **Phone Number:** _____

Delivery date: _____ **Delivery time:** _____

NOTE: Cupcakes are \$5 dollars each.

Payment options (please select one option):

1) **Payment directly in Children of Phoenix account**

Account Name: Children of Phoenix

BSB: 633000

Account number: 135384873

Please note: Payment is to be made at least one day prior to your event.

Or

2) **Cash on day to our SES volunteers on delivery**

How many cupcakes needed for your business or event?

Total cost: _____

Additional instructions regarding the delivery of the cupcakes: