



# \$25 Gift Card Fundraiser Order Form

Organization Name: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Chairperson Phone: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Plant Perfect  
4615 Ottawa St  
Bismarck, ND 58503  
(701) 258-1742

[dianeg@plantperfect.com](mailto:dianeg@plantperfect.com)

Customer Name	Address	Phone	6 digit Gift Card Number	Paid
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