

BEARY THOUGHTFUL FUNDRAISING DISCREPANCY FORM

Please fax this form to us within two weeks from delivery of your order

Note: This form is for missing or incorrect items only.

ITEM CODE/DESCRIPTION	QUANTITY	STUDENT NAME
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

COORDINATOR: _____

PHONE: _____

PLEASE FAX TO 1-888-288-6406

Call us at (508) 679-2327 with any questions.