



Unit Cookie Distribution Form

Campaign _____ (Year/Spring/Fall) | Unit Name _____ | Payment Due Date _____

By signing here I agree that cookies will be sold for \$6 per box and payment will be made no later than the due date above

Girl's Name	# of Cases	Pick-Up Date	Amount DUE	Parent/Guardian Signature	Payment Amount	Payment Received (initial)	Payment Date	Method (Cash, Cheque, Online Bill Payment)

Whenever possible, please use our online bill payment system, or pay by cheque