

Annual Spring Flower Fundraiser

Please email the completed form to Jim O'Connor at <u>JOConnor@kevinguesthouse.org</u> or mail to Kevin Guest House, 782 Ellicott Street, Buffalo, NY 14203.

I'll receive my order

Pick up at Kevin Guest House.

Delivery is available for orders \$200+ to a single location (cannot combine spring flowers & hanging baskets totals to reach \$200).

Potted Flowers (order by March 12th for pick up on March 20th, 21st & 22nd from 8am-6pm; Delivery Orders on March 20th) (Week #2 order by March 19th for pick up at KGH or at the Hospital you ordered them from March 27th, 28th, 29th; Delivery Orders on March 27th)

POTTED FLOWER TYPE	PRICE	QTY	TOTAL	COLOR
			\$	
4" Daffodils	\$8.00			
6" Daffodils	\$12.00			
6" Easter Lilies	\$16.00			
6" Gerbera Daisy	\$12.00			
4.5" Mum	\$8.00			
6.5" Mum	\$16.00			
4" Primrose	\$8.00			
6" Hyacinth (white, pink or blue)*	\$12.00			
6" Tulip (red, pink, yellow or white)*	\$12.00			
6.5" Calla Lilies	\$24.00			
6.5" Hydrangea	\$30.00			
*Kevin Guest House reserves the right to substitute colors if your preference is not available.	TOTAL			

Hanging Baskets (order by May 1stth for pick up at KGH on May 8th, 9th & 10th from 10am-6pm

(select one) Calibrachea Geranium New Cruinea Impatiens Potted Flowers Week one: KGH Pick-Up: March 20 KGH Pick-Up: March 21 KGH Pick-Up: March 22 Delivery: March 20 (11am-2pm) HANGING BASKET TYPE **PRICE** QTY TOTAL \$ Hospital Pick-Up: Date ____ Hospital Location: ___ Calibrachoa \$30.00 Potted Flowers Week two: \$30.00 Geranium KGH Pick-Up: March 27 **New Guinea Impatiens** \$30.00 KGH Pick-Up: March 28 **TOTAL** KGH Pick-Up: March 29 Delivery: March 27 (11am-2pm) Name: Hospital Pick-Up: Date _____ Hospital Location: ____ Address: Hanging Baskets Phone: KGH Pick-Up: May 8th KGH Pick-Up: May 9th KGH Pick-Up: May 10th Group Order Name/Company: _____ Delivery: May 8th (11am-2pm) Hospital Pick-Up: Date _____ Group Main Contact Name: _____ Hospital Location: _____ Group Main Contact Phone & Email: Group or Delivery Address: Check enclosed (make payable to Kevin Guest House, mail to below address) Credit Card Card #:_____ Exp.:___ Code : Date :_____Signature :____ _____Total:\$