

GERANIUM SALE

Name: _____ Phone: _____

4" Pot-- \$7 8" Pot-- \$19 12" Pot-- \$38

RED



___ 4" pot
___ 8" pot
___ 12" pot

VIOLET



___ 4" pot
___ 8" pot
___ 12" pot

SALMON



___ 4" pot
___ 8" pot
___ 12" pot

LIGHT PINK



___ 4" pot
___ 8" pot
___ 12" pot

Order Deadline: Friday, April 26th

Pick Up Date: Thursday, May 9th at the SMCH lower level Conference Center

To Order:
 Return this order form and payment to:
SMCH- Attn: Kristen Hall
1301 W Main Street, Lake City, Iowa 51449
 or drop off at the SMCH Gift Shoppe

ORDER TOTAL
 \$ _____
 Paid: Check _____
 Cash _____

SMCH Staff Use Only

Payroll Deduction _____
 Signature: _____ Employee#: _____ Total \$ _____