

Spring / Summer 2026

Chestnut Hill

CANDLE COMPANY

Where Quality Meets Fragrance

www.chestnuthillcandle.com

Fundraiser Master Sheet

(Please Print Clearly)

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First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

Fax To: (304) 387-1502

Organization - Please do not use abbreviations

Phone No.

Seller Instructions:

1. Total the quantities and dollar amount on the order form. Double check to be sure the math is correct.
2. Transfer the totals from the catalog/order form to this Master Sheet. Be sure to print your name and quantities clearly. Leave unordered selections blank. The accuracy of your order depends on it.
3. **Keep the catalog/order form.** You will need it to deliver your orders!
4. Turn the Master Sheet and all monies to the group leader.
5. When you receive your candles, carefully **check the order before leaving the pick up area** and report any discrepancies immediately to the group leader. **Chestnut Hill cannot be responsible for damages or shortages after the order has left the pick up location.**
6. Any orders placed after delivery are at full price + shipping.

Print Clearly
Use **only** numbers below
Leave un-ordered selections blank

1. _____ 5 O'clock Somewhere
2. _____ At the Mall
3. _____ Beach Bum
4. _____ Baby Powder
5. _____ Blueberry
6. _____ Clean Tees
7. _____ Crème Brûlée
8. _____ Easy Like Sunday Morning
9. _____ Farmhouse
10. _____ Front Porch Sittin'
11. _____ Georgia Peach
12. _____ Island Breeze
13. _____ Lemon Biscotti
14. _____ Lilac
15. _____ Life's a Beach
16. _____ Strawberry Citronella
17. _____ Spa Day
18. _____ Strawberry Shortcake
19. _____ Vanilla Bean
20. _____ Vanilla Caramel Cold Brew

Total: _____ x \$13 = \$ _____

(Turn this amount in to the group leader)

For organization use only

Paid by: Cash _____

Check _____ Ck No. _____

Not Paid _____