



Unit Cookie Distribution Form

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

by signing here I agree that cookies will be sold for \$5 per box as set out by National and payment or cases will be returned to the unit no later than the due date above

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