

# Kiwanis Rose Day April 23, 2025

Pick up location Bethlehem Lutheran Church Wednesday, 4/23 1145 N. 5th Avenue, St. Charles, IL 60174 (Back parking lot)



#### ORDER FORM INFORMATION:

- Mail form with donation by Tuesday, April 8
- St. Charles Kiwanis Foundation P.O. Box 3 St. Charles, IL 60174

### **Questions? Contact:**

## Deadline Tuesday, April 11th Rose Day Fundraiser \$25/dozen

My Kiwanis Rose Order

| Michelle Fisher - Mtisher1980@gmail.com              |                                 | Qty. of dozen roses:        |                           |                                |  |
|--|---------------------------------|-----------------------------|---------------------------|--------------------------------|--|
| Lori Linkimer - Ilinkimer@starckre.com               |                                 | l'd also like to donate: \$ |                           |                                |  |
| https://k05875.site.kiwanis.org/rose-day/            |                                 | Date Ordered:               |                           |                                |  |
| ROSE DAY PICK UP INFORMATION:                        |                                 | Kiwanis member              |                           |                                |  |
| April 23, 2025 Pickup time 7am-1pm                   |                                 | Payment & Date Paid:        |                           |                                |  |
| <ul> <li>Bethlehem Lutheran Church</li> </ul>        |                                 | □ Cash (given to)           |                           |                                |  |
| * 1145 N. 5th Avenue, St. Charles IL 60174           |                                 | □ Check #                   |                           |                                |  |
| (Pick up in back –SW- parking lot)                   |                                 | □ VISA/MC/DISCOVER          |                           |                                |  |
| *Retain top portion fo                               | r your records                  |                             |                           |                                |  |
| Yes! I would like to help to youth organizations and |                                 | Golden K, a                 | nd Key Clubs raise funds  | to support local 501(C) (3)    |  |
| Name:  |                                 |                             |                           | •                              |  |
|  |                                 |                             | Roses ordered             | trom:                          |  |
| Day Phone:   | _ Eve. Phone:                   |                             | _                         |                                |  |
| Please orderdozen roses (x                           |                                 | □ Kiwanis Club Member       |                           |                                |  |
| Donation   | \$                              |                             | □ Kiwanis Gol             | □ Kiwanis Golden K Member      |  |
|  |                                 |                             | □ Kiwanis Key Club Member |                                |  |
| Ore  | der Total: \$                   | <del></del>                 |                           |                                |  |
| All donations must                                   | be prepaid:                     |                             |                           |                                |  |
| □ Cash   |                                 |                             |                           |                                |  |
| ☐ My check # (payak                                  | ole to "St. Charles Kiwanis     | Foundation")                | is enclosed.              |                                |  |
| □ Please charge my credit card: _                    |                                 | •                           |                           |                                |  |
| Card #   |                                 |                             | Exp. date:                | CVC#:                          |  |
| Billing Address of Cardholder                        |                                 |                             |                           |                                |  |
| City   | St                              | ate                         | Zip                       |                                |  |
| Mail/return this form & donation r                   | no later than Tuesday           | April 8. St                 | Charles Kiwanis Club P (  | O. Box 3. St. Charles II 6017/ |  |
| Mail/return this form & donation r                   | no later than <u>Tuesday, 1</u> | <u>April 8, St.</u>         | Charles Kiwanis Club, F   | P. (                           |  |