



## Pumpkin Patch Fundraisers

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### REFERRAL FORM

Anyone in your group can make a referral, this is an easy way to increase your profits.

#### ORGANIZATION BEING REFERRED

Church or Organization's address and phone number

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

PO Box \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Contact person \_\_\_\_\_

Day number \_\_\_\_\_

Evening number \_\_\_\_\_

#### YOUR INFORMATION:

By making a referral, your church and you will receive a referral fee if the organization decides to do the project.

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

PO Box \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Your name \_\_\_\_\_

Day number \_\_\_\_\_

Evening number \_\_\_\_\_