



Pre-Order Your Blizzard® Treats



For Miracle Treat Day®
to benefit your local Children's Miracle Network Hospital

CUSTOMER INFORMATION:

Contact Name:		Phone Number:	
Company Name:		Pick Up Time:	

DQ STORE INFORMATION:

Contact Name:		Phone Number:	
Store Address:	Address	Fax Number:	
	City	State	Zip

YOUR ORDER:

Flavor	Mini (6oz.)	Small (12 oz.)	Medium (16 oz.)	Large (21 oz.)	Total <i>Blizzard</i> Treats
OREO®					
M&M's®					
Reese's® Peanut Butter Cups					
Chocolate Chip Cookie Dough					
ButterFinger®					
Other					
Other					
Other					

MTD <i>Blizzard</i> Treat Coupons					
-----------------------------------	--	--	--	--	--

TOTAL QTY PER SIZE					
PRICE PER <i>Blizzard</i> Treat (Store to fill in prices)	\$	\$	\$	\$	\$
SUB-TOTALS	\$	\$	\$	\$	\$

TOTAL \$ OF ALL <i>BLIZZARD</i> TREATS	
Additional CMN Hospitals Donation	
Grand Total (including taxes) Store to fill in	
Method of Payment	

Order Taken By: _____

To ensure your *Blizzard* Treats are ready on time, email your order to: _____ by July: _____