Pre-Order Your Blizzard® Treats

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

Children's Miracle Network Hospitals®

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 Blizzard Treats
OREO®					
M&M's®					
Reese's® Peanut Butter Cups					
Chocolate Chip Cookie Dough					
ButterFinger®					
Other					
Other					
Other					
MTD *Blizzard* Treat Coupons					
TOTAL QTY PER SIZE					
PRICE PER *Blizzard* Treat (Store to fill in prices)	$	$	$	$	$
SUB-TOTALS	$	$	$	$	$

TOTAL $ OF ALL *BLIZZARD* 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: _____