CANDY GRAM ORDER FORM

Step 1: Your Information
Name: __________________________ Email: __________________________
Preferred Phone: __________________ Home Address: __________________________
City: __________________ State: ______ Zip: __________________________

Step 2: Delivery Information
Choose one of the following delivery options:
O I would like to personally deliver the grams. Your Campus/Building/Office#: __________________________
O I would like you to deliver the grams for me. If so, please complete Step 3 on Pg. 2.

Step 3: Individual Recipient Information (if applicable) See Pg. 2
(faculy/staff only)

Step 4: Order Information
A. I want to order a total # of __________ Valentine's Day Candy Grams at $2.50 each,
   making my total order $ __________, which will be donated to the Family Fund Campaign.

Step 5: Preferred Method of Payment
A. CHECKS can be made to USCB Student Emergency Fund
B. DEBIT/CREDIT CARD Payment ---› CLICK HERE

Step 6: Return Your Order Form
Please return via email to: mariamy@uscb.edu
or via campus mail to:
Mae Young, USCB Development Officer
USCB Bluffton Campus, Hargray Building, Room 255
One University Blvd, Bluffton, SC 29910

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CANDY GRAM ORDER FORM

Step 3: Individual Recipient Information  [continued from pg.1]
If recipient cannot be located, Valentine's Day Candy Gram will be left in his/her campus mailbox.

Recipient 1: Name: ____________________________
USCB Campus/Building/Office #: ____________________________
________________________________________________________________________

Recipient 2: Name: ____________________________
USCB Campus/Building/Office #: ____________________________
________________________________________________________________________

Recipient 3: Name: ____________________________
USCB Campus/Building/Office #: ____________________________
________________________________________________________________________

Recipient 4: Name: ____________________________
USCB Campus/Building/Office #: ____________________________
________________________________________________________________________

Recipient 5: Name: ____________________________
USCB Campus/Building/Office #: ____________________________
________________________________________________________________________

Recipient 6: Name: ____________________________
USCB Campus/Building/Office #: ____________________________
________________________________________________________________________

Recipient 7: Name: ____________________________
USCB Campus/Building/Office #: ____________________________
________________________________________________________________________

Recipient 8: Name: ____________________________
USCB Campus/Building/Office #: ____________________________
________________________________________________________________________

Recipient 9: Name: ____________________________
USCB Campus/Building/Office #: ____________________________
________________________________________________________________________

Recipient 10: Name: ____________________________
USCB Campus/Building/Office #: ____________________________
________________________________________________________________________

Recipient 11: Name: ____________________________
USCB Campus/Building/Office #: ____________________________
________________________________________________________________________

Recipient 12: Name: ____________________________
USCB Campus/Building/Office #: ____________________________
________________________________________________________________________

Recipient 13: Name: ____________________________
USCB Campus/Building/Office #: ____________________________
________________________________________________________________________

Recipient 14: Name: ____________________________
USCB Campus/Building/Office #: ____________________________
________________________________________________________________________

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