



Thanks so much  
for your support!

My Name:

My Phone:

Organization: St. Emily School

Checks Payable: **St. Emily FSA**

Contact Name: Christina Carlson      Contact Phone #: (847) 508-8366

Please collect payment when taking orders.

**GROUP GOAL**  
**\$2000**

## COOKIE DOUGH ALLERGEN

**NOTICE:**

Product may contain Egg, wheat

\*\*Triple Choc. & Mac Nut  
contain Milk.

**\*\*Choc. Chip, Confetti, Triple Choc & Mac Nut contain soy.**

\*\*Peanut Butter contains  
Peanut Butter

\*\*Mac Nut contains Macadamia

## Nuts

These products are manufactured in a facility and on equipment which processes nut products.

## Rite Bite Fundraising

(630)262-3778

info@ritebitefundraising.com

[www.butterbraid.com](http://www.butterbraid.com)

**Please Total:**

Return Order Date: **04/02/25**

Delivery Date: **04/09/25**



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Scan the code to the left to find your online store!  
Search for your name and share with family and friends  
for quick and easy selling!

