

#Luv1LuvAll VALENTINE'S DAY COOKIE ORDERS

Deadline to order: **Friday, February 6, 2026**

Payment due at time of placing order:

Cash, Check (to Luv1LuvAll), or VENMO (@Luv1LuvAll)

Pick Up Date: **Friday, February 13, 2026 – 11AM – 5PM**

Location: **The Luverne Trailhead Loop, 601 East Main St., Luverne**

FREE DELIVERY - ONLY TO LUVERNE SCHOOLS

Quantities of 50 or more, \$4.00 each (\$1.00 discount)

Proceeds go toward the efforts of #Luv1LuvAll: Mobile Dental Clinics, Brain Health (GAP Fund), Resource One, Poverty Simulation, Community Outreach/Education, and more.



PLEASE PRINT CLEARLY AND MARK METHOD OF PAYMENT. THANK YOU!

Name (first and last) _____ **Phone Number** _____

of Cookies _____ (**\$5.00ea**) **Total Amount Paid** _____ **CASH** **CHECK** **VENMO**

IF SCHOOL DELIVERY: **Name of student** _____ **Grade** _____ **HOMEROOM** _____

Message: _____ **Teacher (if elem)** _____

Name (first and last) _____ **Phone Number** _____

of Cookies _____ (**\$5.00ea**) **Total Amount Paid** _____ **CASH** **CHECK** **VENMO**

IF SCHOOL DELIVERY: **Name of student** _____ **Grade** _____ **HOMEROOM** _____

Message: _____ **Teacher (if elem)** _____

Name (first and last) _____ **Phone Number** _____

of Cookies _____ (**\$5.00ea**) **Total Amount Paid** _____ **CASH** **CHECK** **VENMO**

IF SCHOOL DELIVERY: **Name of student** _____ **Grade** _____ **HOMEROOM** _____

Message: _____ **Teacher (if elem)** _____

Name (first and last) _____ **Phone Number** _____

of Cookies _____ (**\$5.00ea**) **Total Amount Paid** _____ **CASH** **CHECK** **VENMO**

IF SCHOOL DELIVERY: **Name of student** _____ **Grade** _____ **HOMEROOM** _____

Message: _____ **Teacher (if elem)** _____

Name (first and last)_____ **Phone Number**_____

of Cookies_____ (\$5.00ea) Total Amount Paid _____ CASH CHECK VENMO

IF SCHOOL DELIVERY: Name of student _____ Grade____ HOMEROOM_____

Message:_____ Teacher (if elem)_____

Name (first and last)_____ **Phone Number**_____

of Cookies_____ (\$5.00ea) Total Amount Paid _____ CASH CHECK VENMO

IF SCHOOL DELIVERY: Name of student _____ Grade____ HOMEROOM_____

Message:_____ Teacher (if elem)_____

Name (first and last)_____ **Phone Number**_____

of Cookies_____ (\$5.00ea) Total Amount Paid _____ CASH CHECK VENMO

IF SCHOOL DELIVERY: Name of student _____ Grade____ HOMEROOM_____

Message:_____ Teacher (if elem)_____

Name (first and last)_____ **Phone Number**_____

of Cookies_____ (\$5.00ea) Total Amount Paid _____ CASH CHECK VENMO

IF SCHOOL DELIVERY: Name of student _____ Grade____ HOMEROOM_____

Message:_____ Teacher (if elem)_____

Name (first and last)_____ **Phone Number**_____

of Cookies_____ (\$5.00ea) Total Amount Paid _____ CASH CHECK VENMO

IF SCHOOL DELIVERY: Name of student _____ Grade____ HOMEROOM_____

Message:_____ Teacher (if elem)_____

Name (first and last)_____ **Phone Number**_____

of Cookies_____ (\$5.00ea) Total Amount Paid _____ CASH CHECK VENMO

IF SCHOOL DELIVERY: Name of student _____ Grade____ HOMEROOM_____

Message:_____ Teacher (if elem)_____