

FUNDRAISER AGREEMENT FORM

Your group's name \_\_\_\_\_

Contact Person Name \_\_\_\_\_

Contact Email Address \_\_\_\_\_

Fund Raising Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Product Delivery Date \_\_\_\_\_

Products

Fund Raising Products	Price to Your Organization	Your Fund Raising Price	Per Item Profit

Payment must be made for all products prior to delivery. Payment must be in cash or credit card. No personal checks will be accepted.