



*"Your Friend In Fundraising...
Build a Relationship with Us"!*

FUNDRAISING AGREEMENT FORM

SCHOOLPALS
1213 SO DRUMMOND
GREENACRES, WA 99016
PH: 1-877-384-9653
FAX: 1-877-306-2156
WWW.SCHOOLPALS.NET

Organization: _____ Date: _____

Chairperson: _____ Home PH: _____

Email: _____ Cell/Other PH: _____

Organization Phone: _____ Fax Number: _____

Billing Address: _____

Shipping Address: _____

Start Date: _____	Ending Date: _____	# of Participants: _____
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We would like to offer the following brochure(s):

- 1) _____ Group Profit: _____ % of sales
- 2) _____ Group Profit: _____ % of sales
- 3) _____ Group Profit: _____ % of sales

SHIPPING TERMS:

TERMS OF SALE – Payment due with order payable to SchoolPals

SALES BROCHURES – Provided free of charge

Student Packing/Sorting Terms: _____

Special Instructions: _____

THIS CONFIRMS THAT OUR ORGANIZATION WILL CONDUCT THE ABOVE MENTIONED FUNDRAISING DRIVE AT THE APPROXIMATE TIME INDICATED ABOVE.

Chairperson signature: _____ Date: _____

Leader Signature (if different): _____ Date: _____

SchoolPals Sales Representative: _____ PH: _____

SchoolPals Sales Representative Email: _____