



Fundraising Program Agreement Form

Contact/Sponsor: _____

Organization Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Home Phone: _____

Email: _____

Signature Upon Booking: _____ Date: _____

Delivery Method (check one) Direct to Organization(address above) To Decorating Consultant
Tax Collection Method (check one): Non-Taxable Organization Taxable Organization, Tax Collected by Organization at Time of Sale Taxable Organization, Organization to Net Tax from Profits

Fundraiser items you wish to sale:

Candles Alone Candles with Accessories Food & Desert Mixes.

Number of Sellers: _____

Fundraiser Kick-off Date: _____ Payment Due Date: _____

Fundraiser End Date: _____ Product Delivery Date: _____

Payment Notes: (e.g. method, checks payable to, etc. Check's should be made payable to Organization and they write 1 check Payable to Donna Frazier.

Other Service Notes: (e.g., fundraiser pamphlets) Bags will be provided

Fundraiser Specialist: Donna Frazier

Address: 121 Welcome Home Drive

City: Stokesdale State: NC Zip Code: 27357

Business Phone: (336) 209-2133 Fax Number : (336) 338-3318

Email: donnasdecor@triad.rr.com

Signature Upon Booking: _____ Date: _____

The above named Organization agrees to the terms of the Celebrating Home Fundraising program. The above named Fundraiser Specialist agrees to provide all the necessary support for successful operation of a Celebrating Home Fundraiser for the Organization. *Orders less than \$1500 in sales are subject to a 10% shipping charge up to a maximum of \$35.00.