



Open House Date: _____

551 Portage Lakes Drive
 Akron, Ohio 44319
 330-644-9155
 1-800-899-2260
 330-644-8214 Fax
 www.tri-cfundraising.com

FUNDRAISING PROPOSAL / CONTRACT

Date: _____

No

DELIVERY ADDRESS:

AUTHORIZED PERSON _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____
 CELL PHONE _____
 FAX _____
 EMAIL _____

ORGANIZATION _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____
 FAX _____

PROGRAM TYPE: DIRECT _____ PRE-ORDER _____ PRE-PAID _____ NUMBER OF PARTICIPANTS _____

QTY	DESCRIPTION		PROFIT %
PRIZE PROGRAM			
INCENTIVES			
	SAMPLES FOR DISPLAY	KICKOFF AT SCHOOL	PACK BY STUDENT / CLASS
	PREPARE NEWSLETTER	TALLY ORDERS / REPORTS	PACK ALPHABETICALLY
			DELIVER TO CLASSROOMS
			TAKE BACK RETURNS

AMOUNT OF SALE LAST YEAR: \$ _____

KICK-OFF DATE: _____

END OF PRE-ORDER: _____

APPROX. DELIVERY DATE: _____

*AUTHORIZED PERSON HAS THE AUTHORITY TO CONDUCT SALE AND WILL BE PERSONALLY RESPONSIBLE FOR PAYMENT.

PREPAID SALE – MONEY IS DUE AT TIME OF DELIVERY
POSTPAID SALE – * PAYMENT IS DUE 20 DAYS FROM RECEIPT OF MERCHANDISE. A 5% PENALTY WILL BE ASSESSED AFTER EACH 30 DAY PERIOD.
RETURNS ARE ACCEPTED ONLY WITHIN 30 DAYS OF DELIVERY DATE. DUE TO SAFETY CONCERNS WE ARE UNABLE TO ACCEPT RETURNS ON FOOD ITEMS.

X _____
 SIGNATURE OF AUTHORIZED PERSON

Date: _____

X _____
 YOUR FUNDRAISING REPRESENTATIVE

Date: _____