



Open House Date: \_\_\_\_\_

551 Portage Lakes Drive  
Akron, Ohio 44319  
330-644-9155  
1-800-899-2260  
330-644-8214 Fax

**FUNDRAISING PROPOSAL / CONTRACT**

Date: \_\_\_\_\_

**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	SELLING PRICE	% PROFIT

AWARDS PROGRAM DESCRIPTION

SPECIAL INSTRUCTIONS			
<input type="checkbox"/> Samples for Display	<input type="checkbox"/> Prepare Newsletter	<input type="checkbox"/> Kickoff at School	<input type="checkbox"/> Pack Alphabetically
<input type="checkbox"/> Computer Records	<input type="checkbox"/> Pack by Students and Class	<input type="checkbox"/> Deliver to Classrooms	<input type="checkbox"/> Tally Orders
		<input type="checkbox"/> 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.

**\* 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, CANDY MUST BE IN MULTIPLES OF FULL, UNOPENED CASES, WITH A MAXIMUM OF 10%.**

X \_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON

Date: \_\_\_\_\_

X \_\_\_\_\_  
YOUR FUNDRAISING REPRESENTATIVE

Date: \_\_\_\_\_