



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:

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

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

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

QTY	DESCRIPTION				PROFIT %
PRIZE PROGRAM					
INCENTIVES					
				</	

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: _____