

a little Dip will do ya

FUNDRAISING AGREEMENT

Organization and Primary Contact Information:

School/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Fundraising Coordinator: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Ship to address (leave blank if same as above):

School/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Fundraiser Time Frame:

Fundraiser will run from ___/___/___ through ___/___/___ . Allow 3 weeks for product delivery after end date of fundraiser.

Agreement:

_____ School/Organization agrees to purchase dips from 'A Little Dip Will Do Ya' for \$3.00 a package for the first 100 packages, and \$2.50 for every package purchased over 100 packages. Dips will then be sold at a retail price of \$5.00. Shipping costs are not included. Product will be shipped by the USPS unless otherwise requested.

Make checks payable to 'A Little Dip Will Do Ya'. Payment is due when the order is placed.

Fundraising Coordinator Title Date

School/Organization Official Title Date

Fax completed form to 248.565.4436 or email to swickham@dipfundraiser.com