

# a little Dip will do ya

## FUNDRAISING INTEREST FORM

### Organization and Primary Contact Information:

School/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fundraising Coordinator: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Our organization:

- Would like to speak with someone to find out more about this fundraiser
- Would like to use this fundraiser in the future, but we're not sure when
- Is planning to use this fundraiser for the dates below

### Approximate Fundraiser Dates:

Fundraiser will run from \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_.

### Comments:

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**Fax completed form to 248.565.4436 or email to [swickham@dipfundraiser.com](mailto:swickham@dipfundraiser.com)**