



FUNDRAISER REQUEST FORM

Please fax to: 678-0175

Name of Organization: _____

Fundraiser Check Made Payable to: _____

Contact

Person: _____ Phone: _____

Tax ID # (required): _____

Fundraiser Title and Purpose (*please include letter/flyer*):

CHECK WILL BE READY FOR PICK-UP WITHIN 7-10 BUSINESS DAYS

For Office Use Only

Date Scheduled: _____ Letter/Flyer proofed: _____

Notes/Comments: _____

Total Sales: _____ % _____ Check Amount: _____