



9349 Dominican Drive  
Miami FL 33189  
**Hours:** M-F 9AM-5PM  
**Phone:** (305) 235-6886  
**Fax:** (206) 984-4139  
**Email:** OfficeCity@Gmail.com

### FUNDRAISING AGREEMENT FORM

**Organization:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Chairperson:** \_\_\_\_\_  
**Home PH:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Cell/Other PH:** \_\_\_\_\_  
**Organization Phone:** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_  
**Billing Address:** \_\_\_\_\_

**Shipping Address:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_ **# of Participants:** \_\_\_\_\_

We would like to offer the following brochure(s):

1) \_\_\_\_\_  
**Group Profit:** \_\_\_\_\_ % of sales

2) \_\_\_\_\_  
**Group Profit:** \_\_\_\_\_ % of sales

3) \_\_\_\_\_  
**Group Profit:** \_\_\_\_\_ % of sales **Date:** \_\_\_\_\_

Office \_\_\_\_\_

**SHIPPING TERMS:**

**TERMS OF SALE – Payment due with order payable to School Pals**

**SALES BROCHURES – Provided free of charge**

**Student Packing/Sorting**

**Terms:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**THIS CONFIRMS THAT OUR ORGANIZATION WILL CONDUCT THE ABOVE MENTIONED FUNDRAISING DRIVE AT THE APPROXIMATE TIME INDICATED ABOVE.**

**Chairperson signature:** \_\_\_\_\_

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

**Leader Signature (if different):** \_\_\_\_\_

**City Sales Representative:** \_\_\_\_\_

**PH:** \_\_\_\_\_

**Office City Sales Representative Email:** \_\_\_\_\_

\_\_\_\_\_