SaveAround®

www.SaveAround.com • PO Box 2399, Binghamton, NY 13902 • 866.554.5061

FUNDRAISING AGREEMENT

AFRDS

☐ New Group
☐ Renewal Group

FOR OFFICE USE ONLY

FUNDRAISING REP: _____

ORGANIZATION/BILLING ADDRESS

ORGANIZATION:

ADDRESS:

CITY: | STATE: | ZIP:

PHONE (ORGANIZATION):

CHAIRPERSON:

CHAIRPERSON EMAIL:

CHAIRPERSON CELL PHONE:

CO-CHAIRPERSON NAME:

CO-CHAIRPERSON EMAIL:

CO-CHAIRPERSON CELL PHONE:

SALE DETAILS

START DATE: | **END DATE:** | **# OF SELLERS:**

☐ DIRECT SALE ☐ FUNDRAISER | **# OF BOOKS:**

DELIVERY ADDRESS

☐ ORGANIZATION ADDRESS ABOVE

NAME:

ADDRESS:

CITY: | STATE: | ZIP:

NOTES:

MAKE CHECKS PAYABLE TO:

PRODUCTS:	GROUP PROFIT:
☐ COUPON BOOK MARKET:	%
☐ APPAREL:	$
☐ CUSTOM BOOKLET:	%
☐ FIRST AID KITS:	%
☐ CATALOG/BROCHURE:	%
☐ POPCORN:	%
☐ COOKIE DOUGH:	%

MINIMUM ORDER ADJUSTMENTS:

# UNITS / $ SOLD:	GROUP PROFIT %:
# UNITS / $ SOLD:	GROUP PROFIT %:
# UNITS / $ SOLD:	GROUP PROFIT %:

SPECIAL INSTRUCTIONS / NOTES / PRIZES

MAIL PROFIT CHECK TO

☐ SAME AS BILLING ADDRESS

ADDRESS:

CITY: | STATE: | ZIP:

PHONE NUMBER:

1. By signing and submitting this reservation form, you are agreeing to begin the SaveAround fundraiser within 10 days of the Start Date listed above. SaveAround reserves its inventory in advance to assure your start date. A change in primary contact does not allow you to cancel your fundraiser.
2. SaveAround products must be sold for the published retail price.
3. Payment is due to SaveAround for all sold within 30 days after your group End Date.
4. You will receive periodic billing statements, treat these as statements of account and nothing is due until sales results are known.

Thank you for the opportunity to support you!

SIGNATURE - SALES REPRESENTATIVE

SIGNATURE - SPONSOR / PAYMENT CONTACT
(Must include email & cell phone above)

DATE