

# Fundraising Sales Agreement

## *Flower Power Fundraising*

**Need Assistance? Please call Better World Fundraising at 888.871.5742.**

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New Account \_\_\_\_\_ Existing Account \_\_\_\_\_ Active Participants \_\_\_\_\_

Group Name \_\_\_\_\_ Tax ID # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Group Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Chairperson Information:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

### Fundraising Product Detail:

Sale Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Payment Date \_\_\_\_\_

Special Instructions \_\_\_\_\_  
\_\_\_\_\_

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### Supplies Required For Sale:

# of Sales Kits \_\_\_\_\_

**Ship Sales Kits To:      Group      Contact Person      Other Address (enter address information below)**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Day Phone \_\_\_\_\_

Dates Sales Kits Needed \_\_\_\_\_

### Parent Letter Information:

Use of Profits: \_\_\_\_\_

Make Checks Payable To: \_\_\_\_\_

Chairperson Name on Letter:    Y    N      Phone \_\_\_\_\_      Email \_\_\_\_\_

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### Signature:

x \_\_\_\_\_  
Authorized Chairperson Signature      Date

**Email this form to [wecare@betterworldfundraising.com](mailto:wecare@betterworldfundraising.com) or Fax to 518.218.9220.**