

FUNDRAISING GROUP BOOK RESERVATION FORM

GROUP/ORGANIZATION NAME:

**AGREEMENT
NUMBER:**

Office use only

GROUP/ORGANIZATION INFORMATION:

Reviewed by:

START DATE	END DATE	# OF SELLERS	FUNDRAISING GOAL IN \$	FUNDRAISING GOAL IN BOOKS
BOOK/CITY EDITION: _____				
PURPOSE: _____				

GROUP ADDRESS / SHIPPING ADDRESS (Required):

Reviewed by:

Contact Name () -	Position () -	E-mail () -
Day Phone	Evening Phone	Fax
Address	City	State Zip

PRIMARY CONTACT INFORMATION (Required): if same as Group Address

Reviewed by:

Contact Name () -	Position () -	E-mail () -
Day Phone	Evening Phone	Fax
Address	City	State Zip

SECONDARY CONTACT INFORMATION (Required):

Reviewed by:

Contact Name () -	Position () -	E-mail () -
Day Phone	Evening Phone	Fax
Address	City	State Zip

NOTES/SPECIAL INSTRUCTIONS:

Reviewed by:

Parent Letters Needed Quantity: _____ Supplied by: E-mail Fax U.S. Mail

SIGNATURE (Required):

Reviewed by:

_____ Signature of Primary Contact	_____ Date	_____ Better World Fundraising ETC Representative	_____ Better World Fundraising ETC Signature
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Email this form to wecare@betterworldfundraising.com or Fax to 518.218.9220.

For Assistance Call 888-871-5742