

Fundraiser Agreement

ORGANIZATION CONTACT

Organization Name:
Contact Person's Name:
Contact Person's Phone Number:

FUNDRAISER CATALOG

Exclusive Brochure (40% of Retail Sales)
Of Participants (Packets) _____

GOALS

Desired Profit Goal \$
$(\# \text{ of Participants }) \times (\# \text{ of Orders per participant}) = \text{Total \# of Orders}$
$(\text{Total \# of Orders}) \times (\$40.00\text{- average order}) = \$ \text{ Total Retail Sales}$
$(\$ \text{ Total Retail Sales}) \times (\% \text{ profit to Organization}) = \text{PROFIT!}$

ORDERS AND PAYMENTS

Area Tax Rate % _____
Payments may be made with Check, Money Order, Cashier's Check should be collected as orders are taken.

DATES TO REMEMBER

Start Date of Fund Raiser _____ / _____ / _____.
<input type="checkbox"/> Kick-Off Demo (opt.) <input type="checkbox"/> Packet Drop Off
Location
Address
Date / Time
Closing Date :
Product Delivery the week of :
Profit Check Delivery Date

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I, _____, with _____
(Contact Person) (Organization)

understand all of the above information. I agree on behalf of the above organization, to complete this Tupperware™ Fund Raiser SOLELY with _____

(Fundraising Consultant & Cons #)

Organization Signature	Title	Date
Fundraising Consultant Signature and Cons. #	Manager	Date
Please call me with any questions and or needs. I'm here to help you!		
Tupperware Fundraising Consultant	Phone #	

Original Consultant
Copy Organization
Copy Distributor