



FUNDRAISING PROGRAM ACTIVATION WORKSHEET

3774 Lee Mulroy Road, Marcellus, NY 13108 (315) 673-4098

Today's Date: _____

Our group, _____, is requesting an opportunity to raise money using your Fundraising Program. We would like our campaign to

Start on: _____ (date) and

End on: _____ (date)

We will report the final product totals to you not later than: _____

We would like the product ready to be picked-up* on or about: _____

** normally 7-10 days after the final sales totals are reported to Chocolate Pizza Co.*

The purpose of our fundraiser is: _____.

The approximate number of participants is: _____ Tax-Exempt: Yes No

The primary contact person for our Fundraiser is:

Name: _____ Work Phone: _____

Address: _____

Email: _____ Cell: _____

We would like to participate in Chocolate Pizza Company's Fundraising Program! We understand that Chocolate Pizza Co. makes no guarantee on the total amount raised and that as the Client we are responsible for selling and distributing the product. Customers will pay our group directly at the time of order and we are responsible for any sales tax that may be applicable. Once we report the final product totals to you, Chocolate Pizza Company will generate an invoice reflecting 60% of the total products sold. Payment will be due to Chocolate Pizza Company not later than the date the product is available for pick-up. We understand that orders are sorted for us by participant with order forms attached and that any discrepancy in product count must be reported to Chocolate Pizza Company within 3 days of pick-up.

Payment is by check payable to "Chocolate Pizza Company" or by credit card. Product cannot be released without full payment. Product appearance may differ from the brochure as handcrafted chocolate is unique by design. All products are produced in a facility that uses peanuts, tree nuts and wheat on shared equipment. Products must be transported and stored out of direct sunlight in a temperature controlled area below 72 degrees. We understand that once the product is picked up it is our responsibility. Thank you.

Signature of Group Representative (Client)

Date

Return signed form by Fax to 315-673-4050 or by email at info@chocolatepizza.com