

## **FUNDRAISING PROGRAM**

## REQUEST FOR CAMPAIGN

3774 Lee Mulroy Road, Marcellus, NY 13108 Ph: (315) 673-4098 Fax: (315) 673-4050 email: alyson@chocolatepizza.com

## NO CAMPAIGN REQUEST IS ACCEPTED UNTIL APPROVED BY OUR DIRECTOR OF RETAIL

Please request your campaign during the following dates: September-October, or February 15-May 31<sup>st</sup> Groups are required to generate a minimum of \$1,500 in total orders or make up the difference

GROUP NAME:		Today's Date:
Address or School Information	:	
ARE YOU TAX EXEMPT?	YES, (must provide proof of tax exe	emption):(initial)
	NO, (you agree to collect and pay al	ll sales tax):(initial)
Primary contact person for o	ur Group's Fundraiser (must have a	access to a computer with email):
Name:	Work Pho	one:
Email:	Cell:	
We are requesting a fundraising	g campaign: To Start On:	End On:
We will report our results to Ch	nocolate Pizza Company not later than	n (date):
Number of Participants:	(We will supply sales broch	ures/order form for each Participant)
On behalf of the Group, I am author	orized to agree and acknowledge:	
selling a minimum of \$1,500 in to	tal orders before any orders are processed duct. Chocolate Pizza Company, owner a	te total dollars raised. Our Group is responsible for l by Chocolate Pizza Company. Our Group is and associated entities is held harmless from any
		and our Group is responsible for any applicable of the total products sold. Our Group retains 40%
(initial) Final order	(initial) Final order totals must be submitted using the provided, Fundraising Reporting Form.	
(initial) Product is normally ready for pick-up 7-10 days after the Fundraising Reporting Form is submitted.		
(initial) Payment by picked-up. Product cannot be release		to) Chocolate Pizza Company when the product is
		outs, tree nuts, egg, dairy (milk), soy and wheat on rom the brochure.
	oust be transported and stored out of direct cked up from our facility it is our Group's	t sunlight in a temperature controlled area below s responsibility.
	iscrepancy in product count must be report	ached and double-checked for completeness by rted to Chocolate Pizza Company within 3 days
Signature of Group Representative	D.	ate