

Dear Fundraising Coordinator,

| ease carefully review the following information   | ccess of your Fundraiser to me! So we may proceed in a timely manner, ation. If you see areas that need to be changed, please simply note the corr rn this form to me no later than so I can continue the nation provided below.   |
|---|--|
| Organization Name & Address:  |  |
| Contact Name, Phone & Address:  |  |
| Fundraiser Goal/Mission: (Ex. Trip, equipment, uniforms)                                |  |
| Award Incentives:   | Our office will donate the following:  > A participation gift to each participant.  > Awards earned based on various sales levels achieved.  |
| Profit:   | Your organization will receive 40% of the total sales generated from this Fundraising event (less any applicable taxes) with NO shipping costs.  |
| Program Kick-off Date:  |  |
| Program Dates: (Usually 1 to 2 weeks)   |  |
| Number of Packets:  |  |
| Payment: (Who will customers make checks payable to?)                                   | Payment for Tupperware products can be made with cash, money order, or check. Make checks payable to:  |
| Order Drop-Off Date to your organization:   |  |
| Anticipated Delivery:   | Three to four weeks following submission of order.   |
| ould you for any reason need to cancel youths of the initial cancellation, there will i | pleased with the results of having Tupperware as your Fundraising partner. your event, please let me know. If we reschedule your event within three (3) not be a restocking fee assessed. Fundraisers cancelled after the materials 100 materials/processing fee and any other associated product or materials |
| ank you,  |  |
|   | <u>X</u>   |
| pperware Consultant   | Date:  |