

FUNDRAISING AGREEMENT

School/Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Fundraising Coordinator: _____

Phone Number: _____

Email Address: _____

Fundraiser Time Frame:

Fundraiser will run from ____/____/____ through ____/____/____. Allow for 3-6 weeks after turning in the order form and money for products to be completed for delivery.

Estimated number of catalogs needed _____

Agreement:

Services

- We will provide 10 candle fragrances, which can be filled into four different containers: mason jar, tumbler jar, travel tin, or tart.
- Order forms will be provided for organization, detailing information for each of the available items.

Compensation

- 40% of total sales will be given to the organization

Duties of the Organization

- Total up all orders and fill out the sponsor totals form to be given to Maddison Avenue Candle Company
- Payment for all orders must be turned in at time of placing order
- Once order is received, the organization is responsible for dispersing products to individuals

Other Terms and Conditions

- Any additional terms and conditions made outside of the stated offerings can be accommodated if approved before start of fundraiser

Make checks payable to 'Maddison Avenue Candle Company'. Payment is due when the order is placed.

Fundraising Coordinator

Title

Date

Maddison Avenue