

Fundraising Application

Type of Organization:

- Non-Profit
- Church
- School
- Sports Groups
- Other

Organization Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Contact Person: _____

Phone Number: _____

Email: _____

Number of Coupons

Date coupons

Requested: _____

needed:

Event Start Date: _____

Event End Date

Signature: _____

Date:

Fundraiser Agreement

_____ has received _____ coupons from Skwecky Kleen Express Wash valued at \$5.00 each. A reconciliation will be done on:

I understand that I will be held accountable for all coupons. Those that are not returned by the reconciliation date shown above will be considered purchased.

Check # _____ held until reconciliation date.

Name

Organization

Address

Phone Number (Day/Evening)

Date

Signature

RECONCILIATION:

Coupons Received: _____

Coupons Returned: _____

Total Coupons Sold/Not Returned: _____ x \$5.00 = _____

Date

Signature