

INDEPENDENT FUNDRAISING PROGRAM
Organization Commitment Form

Organization Name: _____

Director/Chairperson Name: _____

Phone: (____) _____

Additional Contact: _____

Phone: (____) _____

Shipping/Delivery Address (**No P.O. Boxes accepted**)

Street: _____

City: _____ State: _____ Zip Code: _____

Start Date: _____ Finish Date: _____

Anticipated # of participants: _____ Fundraising Goal: \$ _____

(This is needed so we know how many forms to print)

If a completed W9 is needed to release payment please check here Yes _____ No _____

Minimum Orders: We do not have a purchase requirement-However order will not be considered a fundraiser with less than 6 jars

Shipping/Delivery: We offer free shipping to all 50 states

YES! Our organization would like to participate in your Fundraising Program. We understand that we will be shipped all necessary materials to conduct the fundraiser and that "Your Name" will be available to assist the organization throughout this event. Organization will be responsible for the accuracy of total orders placed.

We understand that all product orders solicited are to be collected at the time of ordering and subsequent payment will be made to "Your Assigned Distributor" prior to receiving the order. Personal checks will not be accepted. Payment for your order can be submitted by money order, school or business check made out to "Your Assigned Distributor". All customer checks are to be made out to your organization. Orders must be paid in full prior to orders being placed. (Orders will be delivered within 3 weeks after payment is received and processed.)

Please allow at least two (2) weeks from submittal and receipt of this Commitment Form for processing and delivery of your fundraising materials to start your Fundraiser. Campaign packets will be mailed by USPS via priority mail.

*Commitment Form must be mailed or faxed to your assigned representative
you will receive a phone call upon receipt to verify information.*

*Mailing Address, Phone and Fax Number will be provided by: **Your Assigned Distributor***

Products to Include in Fundraiser

16oz Jar Candles Choices (Required)

Melts Yes _____ No _____

Scent Choice (Recommend being the same as 16oz Jar Scents, if available)

2.5oz Votives Yes _____ No _____

Scent Choice (Recommend being the same as 16oz Jar Scents, if available)

Scent Simmer Pots Yes _____ No _____

Bella Bakery Pies Yes _____ No _____

Cinnamon Buns Yes _____ No _____

This Form MUST BE included with Commitment Form