

FUNDRAISING AGREEMENT

Organization and Primary Contact Information

School / Organization:		
Mailing Address:		
City:	State:	Zip Code:
Fundraising Coordinator:		
Number of Participants:		
Phone Number:	Fax Number:	
Email Address:		
Ship to address	e (leave blank if sar	ne as above):
School / Organization:		
Mailing Address:		
City:	State:	Zip Code:
Fun	draiser Time Fram	e:
Fundraiser will run from	//thro	ugh//
Allow 2 weeks for pro-	duct delivery after end	l date of fundraiser.
	Agreement:	
Dipper's Delight Dips / Desserts for \$3.00 then be sold at a retail price of \$6.00. An	a package, with a minin	ation agrees to purchase dips from num of 75 packages. Dip mixes will for sampling cost \$3.00 per package.
Fundraiser Order will be shipped by USPS An invoice will reflect cost of dip mixes an Shipping costs are due prior to shipping if	d shipping costs. All ord	
Payment is due when the order is placed.	Make checks payable t	o Asteria Labs Inc.
Fundraising Coordinator	Title	Date

Email completed form to asteria@iglou.com or mail to: Asteria Labs Inc. P.O. Box 206334 Louisville, KY 40250-6334