



WHITNEY
W R E A T H







FUNDRAISING DATA SHEET

(FAXING OR SUBMITTING VIA OUR WEB SITE WILL EXPEDITE DELIVERY OF YOUR SALES KIT!)

ORGANIZATION INFORMATION

ORGANIZATION NAME		SPONSOR (e.g. name of BSA Council, school, church, etc.)		
FUNDRAISING CHAIRPERSON	PREFERRED PHONE	ALTERNATE PHONE	EMAIL	
CHAIRPERSON'S ADDRESS		CITY	STATE	ZIP
TREASURER'S NAME			PHONE	

SALES INFORMATION

SALES AID INFORMATION	ESTIMATED SALES GOAL
Number of Members Selling  <input type="text"/>	Estimated fundraising goal:  \$ <input type="text"/>
Extra Sales Aids (for parents, offices, etc.)  <input type="text"/>	
Total # of Sales Aids  <input type="text"/>	Estimated fundraising goal:  <input type="text"/>
We will send 2 catalogs and 15 order forms per member	
Please indicate any additional order forms  <input type="text"/>	We will not hold you to these estimates. These numbers help us with production planning.

ACCESSORY ORDERS (THESE ARE AVAILABLE ONLY TO OUR CUSTOMERS AND CAN BE ORDERED AT A LATER DATE.)

A: Holiday Evergreens Fundraiser Poster <input type="checkbox"/> Yes, we would like to order _____ posters at \$1.00 each.
B: Door Hanger Notices <input type="checkbox"/> Yes, please send _____ door notices at \$.10 each.

DELIVERY INFORMATION Same as chairperson's above.

CONTACT PERSON		PREFERRED WEEK OF DELIVERY (circle one) 11/26-30 12/3-7 12/10-14		
ADDRESS	PREFERRED PHONE	ALTERNATE PHONE	EMAIL	
CITY	STATE	ZIP		

SIGNATURE	DATE
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