

AGREEMENT FORM

Group/Organization Name _____

Address _____

Chairperson _____

Phone _____ E-mail _____

Agreed Percent of Proceeds Donated to Organization _____

Number of Participants _____ Tax Exempt Documentation (see attached) _____

Selling from () Single-Page Flyer () Cause-Related Fundraiser () Outreach Program

Dates of Fundraiser _____ to _____

Date Orders Are Due to Representative _____

Date Products Are Delivered and Payment Is Due to Representative _____

Payment may be made in cash, by credit card or with a certified check. All customer checks must be made out to the participating organization.

Additional Agreements _____

Participants' Materials to Be Paid by () Organization () Representative

Prizes/Incentives () No () Yes _____

Chairperson

Avon Independent Sales Representative

Date

