



FUNDRAISING PROGRAM APPLICATION

| | | | | | | | |
|------------------------|-------|----------------------|---------------|--|----------------|--|--|
| ORGANIZATION NAME | | | | TAX EXEMPT ID NUMBER (SEE TAX EXEMPT FORM) | | | |
| CONTACT NAME | | | EMAIL ADDRESS | | | | |
| BILLING ADDRESS | | | | | | | |
| CITY | STATE | ZIP CODE | PHONE NUMBER | | FAX NUMBER | | |
| START DATE (MM/DD/ YY) | | END DATE (MM/DD/ YY) | | GROUP SIZE | TARGET GOAL \$ | | |

| | | | | |
|--|-------|----------|---------------------|-------------------------|
| SHIPPING ADDRESS FOR BROCHURES (IF DIFFERENT THAN BILLING ADDRESS) | | | | |
| CITY | STATE | ZIP CODE | NUMBER OF BROCHURES | DATE NEEDED (MM/DD/ YY) |

BE SURE TO SUBMIT A SEPARATE ORDER FOR SAMPLES

I certify that I am the leader responsible for this organization; I am over 18 years of age, and I can be contacted at the address and phone number above. I personally guarantee that either the organization I represent or I will pay all invoiced charges, and I further understand that these terms may be restricted and pre-payment may be required prior to shipment if my financial condition or other circumstances warrant.

| | | |
|----------------------------------|-----------|------|
| ORGANIZATION REPRESENTATIVE NAME | SIGNATURE | DATE |
|----------------------------------|-----------|------|

In the event a program agreement is returned without an account authorized signature, the **EDDA'S CAKE COMPANY** representative is responsible for any uncollected invoices.

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|---|-----------|------|
| EDDA'S CAKE COMPANY REPRESENTATIVE NAME | SIGNATURE | DATE |
|---|-----------|------|

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|-----------------------|-----------------------|---------|-------|
| SHIPPING AND HANDLING | NUMBER OF BUNDT CAKES | 50-99 | 100 + |
| | COST | \$50.00 | FREE |