

# BOYER CANDY \$1 FUNDRAISING PROGRAM



DATE OF APPLICATION: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TAX ID (IF APPLICABLE): \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

INTENDED USE OF FUNDS RAISED: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

(NOTE: WE CANNOT SHIP TO PO BOXES. PICKUP OPTIONS ARE AVAILABLE)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DESIRED SHIP/PICKUP DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ PICK UP: \_\_\_\_ YES \_\_\_\_ NO

DATES FUNDRAISER STARTS AND ENDS: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

## BILLING INFORMATION

NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

INVOICE NUMBER (IF APPLICABLE): \_\_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_

CREDIT CARD TYPE: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

CVV: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

WE ACCEPT CERTIFIED CHECKS, MONEY ORDERS

OR CREDIT CARDS



ITEM	QUANTITY	PRICE	TOTAL
ASSORTED PACK 50 CT. CARRIER # 12451 (20 Mallo Cups, 10 Clark Cups, 10 Smoothie Cups & 10 Jimmie Stix)			

PRICING		
# OF CASES	REVENUE PER CASE	COST PER CASE
1 TO 9	\$200	\$100.00
10 TO 24	\$200	\$90.00
25+	\$200	\$80.00

NOTES:

