

4 Seasons Fund Raising

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 www.4SNS.com

Office Use Only
PC Number _____
UPS'ED _____
GIVEN TO _____
REP _____

NEW _____ RENEWAL _____

DATE _____

TO BETTER SERVE YOU WE NEED THE FOLLOWING INFORMATION

Please complete this brief fund raising date agreement. From this information we will send you your free sales aids (order forms, brochures, etc.), that will assure the success of your program.

NAME _____ ORGANIZATION _____

SCHOOL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: BUSINESS _____ HOME _____

FAX _____ E-MAIL _____

NUMBER OF PEOPLE PARTICIPATING IN YOUR SALE _____

Programs	# Brochures	Bulk/PPK	%
Cheese & Sausage "Priced"			
Cheese & Sausage "Un-Priced"			
Citrus/Apples			
Parlour Collection			
Make Sense Snacks			
MRZ Food Court			
Cookie Dough			
Gift Brochure 4SNS			
Gift Brochure MRZ's			
Soups & Spices			
Other			

Supplies

Tally program	yes	no	
3-part order takers	_____		
Stud/Par Envelope	yes	no	letter
Generic Env.	yes	no	

Student Incentives

Bill to:	Manley	Gazette	MrZ's
	4SNS	Group	
Prepacked	yes	no	
Packed by	alpha	grade	classroom
Money env.	yes	no	

SALE DATES

Sale Begins _____ Sale Ends _____

Order Deadline _____ Delivery Week _____

COMMENTS: _____

Your Signature _____ DATE _____

Rep. Signature _____