| HOME Dècor                                                                                                                                                                                                                                                                                                                      | New-Fundraising-Ideas<br>Home Décor / Charming Sales Agreement 2016<br>www.FundraisingWithCandleFundraisers.com<br>Phone: 860-384-3691 or 888-209-0613<br>Submit Sales Agreement by - <u>Fax:</u> 1-410-630-7080<br><u>Email:</u> CHFundraiser@gmail.com<br>Postal Mail: 97 Overshot Dr, S. Glastonbury CT 06073 |                                   |                      | CHERTER                |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------|------------------------|-------------------|
| Organization Name:                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                  |                                   |                      |                        |                   |
| Shipping Address for BROCHURE                                                                                                                                                                                                                                                                                                   | 6 (Mailed USPS Priority):                                                                                                                                                                                                                                                                                        | Shipped to Busines                | s/School             | Shipped to I           | Home Address      |
| Business Name or School if applic                                                                                                                                                                                                                                                                                               | able:                                                                                                                                                                                                                                                                                                            |                                   |                      |                        |                   |
| Street Address or PO Box:                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                  |                                   |                      |                        |                   |
| City:                                                                                                                                                                                                                                                                                                                           | State:                                                                                                                                                                                                                                                                                                           |                                   | Zip:                 |                        |                   |
| Shipping Address for PRODUCTS:                                                                                                                                                                                                                                                                                                  | Shipped to Business/Scho                                                                                                                                                                                                                                                                                         | <b>ool</b> (signature is required | d)                   |                        |                   |
| Business Name or School:                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                  |                                   |                      |                        |                   |
| Street Address (no PO Boxes):                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                  |                                   |                      |                        |                   |
| City:                                                                                                                                                                                                                                                                                                                           | State:                                                                                                                                                                                                                                                                                                           |                                   | Zip:                 |                        |                   |
| Chairperson:                                                                                                                                                                                                                                                                                                                    | Email (Print Cl                                                                                                                                                                                                                                                                                                  | learly):                          |                      |                        |                   |
| Phone-Day: ()                                                                                                                                                                                                                                                                                                                   | Evening: (                                                                                                                                                                                                                                                                                                       | )                                 |                      | Cell: ()               |                   |
| Number of Participants:                                                                                                                                                                                                                                                                                                         | Approximate Date of                                                                                                                                                                                                                                                                                              | of Fundraiser:                    | //                   | to/                    | /                 |
| Select Brochure(s): Jan-JuneHome DécorCharming Jewelry & ScarvesBirthstone Bracelets                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                  |                                   |                      |                        |                   |
| July-DecHome DécorCharming Jewelry (will include Birthstone Bracelets)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                  |                                   |                      |                        |                   |
| Free Youth Prize Program: Select if you wish to opt for the prize program. Program is applicable for elementary age children only                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                  |                                   |                      |                        |                   |
| Brochures: Brochures are FREE! There are NO upfront costs to ship our Brochures to your organization. Please do not cancel.                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                  |                                   |                      |                        |                   |
| <b>Profit:</b> Organizations will earn 40%   items. Profit is retained by the organ                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  | the retail selling price.         | Organizations wi     | ll earn 45% when sel   | ing 1,500 or more |
| Product Availability/Pricing Guara<br>06/30/17 and require payment by 06/                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                  | 06/30/16 and require pay          | yment by 06/30/1     | 6. 2016-2017 Broch     | ures retire       |
| Late Orders/Small Orders: No mini be charged a \$15.00 shipping fee.                                                                                                                                                                                                                                                            | mum required, a second order may                                                                                                                                                                                                                                                                                 | v be placed after receivin        | ng your initial orde | er. Orders with less t | han 30 items will |
| <b>Shipping:</b> Shipping is free on all ord subject to change. All orders are ship items.                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                  |                                   |                      |                        | -                 |
| <b>Payments:</b> Customer checks are ma<br>for your purchase. Personal checks,<br>orders are not accepted.                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                  |                                   |                      |                        |                   |
| <b>Delivery:</b> Products are generally del processed upon receipt of payment.                                                                                                                                                                                                                                                  | ivered within 2 weeks. Pack-by-se                                                                                                                                                                                                                                                                                | ller orders may requires          | a few additional     | days to process. Orc   | lers will be      |
| <b>Check-In Forms:</b> Replacements for missing or broken items will be shipped only when a fully completed Check-In Form has been submitted within 72 hours. Phone calls or emails alone WILL NOT be accepted. No exceptions. Organization will be responsible for the accuracy of the total number of items sold and ordered. |                                                                                                                                                                                                                                                                                                                  |                                   |                      |                        |                   |
| Sales Agreement: MUST be returned conditions listed above and have reco                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                  |                                   |                      |                        |                   |

<u>Deb Murray</u>

Fundraising Representative