



FUNDRAISER APPLICATION

Date _____

Name of School or Organization: _____

Contact Person: _____ Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

Date you plan to begin Fundraiser: _____

Date to end Fundraiser: _____

Please explain briefly how the money earned will be used: _____

Approximate number of sellers: _____

Number of customer order sheets (1 per customer) needed: _____

I, _____ representing _____

Do hereby agree that all profit made during this fundraiser will be used for the purposes stated above. The master order form will be submitted with payment of a check, money order, or charge card to Cascade Candle Company for the wholesale amount agreed for each item sold.

Product	Your Price	Sell Price	Profit per item
Jar Candle	\$7.60	\$12.00	\$4.40
Package of 6 Tea lights	\$3.25	\$4.50	\$1.25
3 X 3 Pillar	\$4.25	\$7.10	\$2.85

Signature: _____

Please return this completed form to:

Cascade Candle Company
 2625 W. 10th Place
 Eugene, OR 97402
 (541) 461-9861