



Deliverables Statement

1. Organization: _____
Address: _____
2. Contact: _____
Address for Delivery purposes: _____
3. Contact Phone Number: _____
Cell Number: _____
Email Address: _____
4. Number of Participants: _____
5. Dollar Goal for Group: _____
6. What is the purpose of this fundraiser?: _____
7. Start date (Distribution): _____
8. Delivery Date: _____
9. Final Tally for Perfect Candy Delivery Date: _____
10. Incentives Program: Yes: _____ No: _____
If yes advise type of program: _____
11. Label Information: Logo provided Yes: _____ No: _____
(If Logo provided Perfect Candy needs a signature for use of logo prior to brochures are sent)
12. Wording for Label: Up to 3 lines of script and 30 characters per line

Signatures Print Name: _____
Signature: _____
Date: _____