

WE GOT \$TUFF 4 U

P.O. Box 6029
Augusta, GA 30916
Phone: 1-800-506-8043 • Fax: 706-945-1712
Email: info@4ufundraising.com

Organization Agreement

Organization Name _____ Phone # _____
Mailing Address _____ Shipping Address _____
City _____ State _____ Zip _____ Fax _____
Coordinator _____ Title _____ Home# _____
Group _____ Cell # _____
Name to be on front of card _____ Preferred Delivery Date _____
(For custom cards, please enclose a organization logo (camera-ready preferred))

• PROGRAM OPTIONS Total # of Cards Ordered _____

Standard (we will get the business sponsors)

The Works (THE DISCOUNT CARD will secure your business sponsors)

We hereby agree to pay The Discount Card \$ _____ dollars per card for "The Works" Program

Pre-Sale Program (we will take orders and then deliver cards)

Super Saver Other _____

• The Discount cards will offer discounts from local businesses that will be honored for:

6 months 12 months

• The suggested selling price of each card is \$20.00

• Payment is due within 14 days after receipt of the cards

• Payment is to be made to WE GOT STUFF 4 U Discount CARD and sent to:
WE GOR \$TUFF 4 U P.O. Box 6029, Augusta, GA 30916.

• Organization understands upon signing this agreement that they are obligated for a payment of \$ _____ (within 14 days after receipt of cards)

• Invoices not paid within 30 days will be charged a 10% late fee.

• Credit Card # _____ Visa M/C Exp. Date Mo. _____ Yr. _____

Credit Card Number required to guarantee payment of past due invoices. The credit card will not be charged unless your invoice goes beyond 30 days. Notification will be sent in the event the credit card is charged.

Principal/Pastor/President _____ Date _____

Coordinator/Vice President/ _____ Date _____

Treasurer _____

Card color preferred: White Bright Yellow Red Orange Green
 Silver Grey Cranberry Navy Blue Med. Blue
 Gold Tan Black Other _____

Ink color preferred: Black Red Green Gold Silver
 Blue White Other _____

Please retain pink copy for your records