



# Fundraising Start Up Sheet

## Organization Information

**PLEASE PRINT** – Circle: Personal Address OR Organization Address (No P.O. Box)

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please tell us your organization/group type: \_\_\_\_\_  
(ie. Church group, PTA, School, Scouts, Sports, etc.)

## Fundraising Program Information

Fundraising Program Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
(We recommend you sell for a 2 – 3 week period)

Number of Participants \_\_\_\_\_ Number of Sales Kits \_\_\_\_\_

- 1) What is the fundraising goal? \$ \_\_\_\_\_
- 2) What is the goal (number of items to be sold) for each participant? \_\_\_\_\_

How many fundraisers does your group run per year? \_\_\_\_\_

Please let us know how you heard about us: \_\_\_\_\_

\_\_\_\_\_  
Organization Authorizing Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

<b>Office Use Only</b>
Date Received: _____
Consultant ID: _____

Fundraiser Tax Exempt #, Fed ID #, or SSN

Please fax a copy of this start up sheet along with the Fundraiser Agreement to (800) 571-9765. We will send out your free sales kits upon receipt. Please feel free to contact us toll free at (800) 709-2836 if you have any questions or concerns. Thank you for choosing Candles of Eden for your Fundraising needs.



## Fundraising Start Up Sheet

Choose your ten SoyLuscious® Fragrances:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

Organization name as you would like it to appear on  
the forms: \_\_\_\_\_