



FUNDRAISING PROGRAM APPLICATION

ORGANIZATION NAME				TAX EXEMPT ID NUMBER (SEE TAX EXEMPT FORM)			
CONTACT NAME			EMAIL ADDRESS				
BILLING ADDRESS							
CITY	STATE	ZIP CODE	PHONE NUMBER		FAX NUMBER		
START DATE (MM/DD/ YY)		END DATE (MM/DD/ YY)		GROUP SIZE		TARGET GOAL \$	

SHIPPING ADDRESS FOR BROCHURES (IF DIFFERENT THAN BILLING ADDRESS)				
CITY	STATE	ZIP CODE	NUMBER OF BROCHURES	DATE NEEDED (MM/DD/ YY)

BE SURE TO SUBMIT A SEPARATE ORDER FOR SAMPLES

I certify that I am the leader responsible for this organization; I am over 18 years of age, and I can be contacted at the address and phone number above. I personally guarantee that either the organization I represent or I will pay all invoiced charges, and I further understand that these terms may be restricted and pre-payment may be required prior to shipment if my financial condition or other circumstances warrant.

ORGANIZATION REPRESENTATIVE NAME	SIGNATURE	DATE
----------------------------------	-----------	------

In the event a program agreement is returned without an account authorized signature, the **EDDA'S CAKE COMPANY** representative is responsible for any uncollected invoices.

EDDA'S CAKE COMPANY REPRESENTATIVE NAME	SIGNATURE	DATE
---	-----------	------

SHIPPING AND HANDLING	NUMBER OF BUNDT CAKES	50-99	100 +
	COST	\$50.00	FREE