FUNDRAISER ACKNOWLEDGEMENT

Organization:

Name _____.

Address _____.

City, State Zip _____.

Phone Number _____.

Kind of Organization _____.

Contact Person:

Name _____.

Address _____.

City, State Zip _____.

Phone Number _____.

Number of Cards Issued _____.

Your Cost of Each Card $ _____.

Total Amount Due $ _____.

Value of Each Card $ _____.

Total Value of Cards $ _____.

Fund Raising Start Date _____.

Fund Raising End Date _____.

Due Date for Returning Money _____.

I acknowledge that I have received the Classic Auto Spa Fundraiser cards as indicated above. I also acknowledge that, by the due date indicated, I must pay $7.50 for each card issued and all payments will be made in cash and/or a single check from the organization.

_____. _____.

Signature Date Classic Auto Spa