



Fundraiser Application Form

Name of organization _____

Name of Primary Fundraiser Contact _____

Address _____ City _____ St _____ Zip _____

E-mail (main contact) _____

Phone (main contact) _____

Projected start date _____

Projected ending date _____

How many sellers (approximately)? _____

What is the amount you hope to raise? _____

What will the funds be used for? _____

Your signature _____ Date: _____

Submit this application by:

E-MAIL: ulgb@gmail.com
FAX: 800-715-3380