



STOLLER FUNDRAISING

Phone: 800-939-0322 • Fax: 330-939-9973

Email: ben@stollerfundraising.com

FOR OFFICE USE ONLY	
Fax or Email LOI Date	_____
Parent Letter Order Date	_____
Delivery Confirmation Date	_____

FUNDRAISING LETTER OF INTENT

Please fill out this interactive form. Use the tab key to move through fields. Please call if you have any questions.

This agreement is made between Stoller Enterprises and the parties outlined below for the purpose of securing selling dates, incentives, material requirements, and delivery and payment arrangements pertaining to this sale. Please check program(s) of participation.

- Butter Braid® Pastries/Auntie Anne's®
 Butter Braid® Pastries/Cookie Dough
 Butter Braid® Pastries/Dutch Delights
 Butter Braid® Pastries/Zap-A-Snack®
 Butter Braid® Pastries
 Cookie Dough
 Tantalizing Treats

Organization Name _____ Phone _____ - _____ - _____ Cell _____ - _____ - _____

Contact (Chairperson) _____ Best time to call _____ Email _____

Address _____ City _____ State _____ Zip _____

Treasurer's Name/2nd Contact _____ Phone _____ - _____ - _____ Email _____

BILLING ADDRESS	<input type="checkbox"/> Check if same as above.
Name _____	
Address _____	
City _____ State _____ Zip _____	
Phone _____ - _____ - _____ Fax _____ - _____ - _____	

DELIVERY ADDRESS	<input type="checkbox"/> Check if same as billing.
Name _____	
Address _____	
City _____ State _____ Zip _____	
Phone _____ - _____ - _____ Fax _____ - _____ - _____	

SALE #1	Sale Dates	Start: ___/___/_____ End: ___/___/_____
	Delivery	Date: ___/___/_____ Time: _____
	Brochures	Number Needed: _____
	Parent Letters	Number Needed: _____
	Info To Be Printed On Parent Letters	Cks. Payable to: _____
		Parent Pick-up Time: _____
		Ques.? Contact Name: _____
		Phone: _____ - _____ - _____ <input type="checkbox"/> Pre-pay <input type="checkbox"/> Post-pay
	Stoller Tallying	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do Own Tallying	<input type="checkbox"/> Date to Email Self Tally: ___/___/_____
Delivery Fee	\$50 if less than 250 items	
Prize Program	<input type="checkbox"/> Cash <input type="checkbox"/> Tiered <input type="checkbox"/> Free Product <input type="checkbox"/> Other	
Payment Options	<input type="checkbox"/> Cash, Check or Money Order on Delivery	
	<input type="checkbox"/> PO#	
	<input type="checkbox"/> Approved PO# Needed Before Product Is Shipped	
Special Instructions	_____	
GROUP'S PROFIT GOAL	_____	
Special Promotions(s)	_____	

SALE #2	Sale Dates	Start: ___/___/_____ End: ___/___/_____
	Delivery	Date: ___/___/_____ Time: _____
	Brochures	Number Needed: _____
	Parent Letters	Number Needed: _____
	Info To Be Printed On Parent Letters	Cks. Payable to: _____
		Parent Pick-up Time: _____
		Ques.? Contact Name: _____
		Phone: _____ - _____ - _____ <input type="checkbox"/> Pre-pay <input type="checkbox"/> Post-pay
	Stoller Tallying	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do Own Tallying	<input type="checkbox"/> Date to Email Self Tally: ___/___/_____
Delivery Fee	\$50 if less than 250 items	
Prize Program	<input type="checkbox"/> Cash <input type="checkbox"/> Tiered <input type="checkbox"/> Free Product <input type="checkbox"/> Other	
Payment Options	<input type="checkbox"/> Cash, Check or Money Order on Delivery	
	<input type="checkbox"/> PO#	
	<input type="checkbox"/> Approved PO# Needed Before Product Is Shipped	
Special Instructions	_____	
GROUP'S PROFIT GOAL	_____	
Special Promotions(s)	_____	

IMPORTANT Emailed or faxed signature constitutes full responsibility for payment required under this agreement. Carefully review your form and SIGN at the **X** BELOW before submitting. (For the purposes of the form, typing your name constitutes signature.) **When completed, please send the form in an email as an attachment to your sales representative.** Alternatively, you may print, sign, and fax your form to 330-939-9973. Also, please print/save for your records.

Stoller Fundraising Sales Representative _____ / ____ / ____
MM/DD/YYYY

X Organization Representative Signature _____ / ____ / ____
MM/DD/YYYY