



FUNDRAISING AGREEMENT

Group/Organization Name: _____

Fundraiser Coordinator: _____ Phone Number: _____

Street Address: _____ Start Date: _____

City, State, Zip: _____ End Date: _____

Order Due Date (payment to Make A Difference Rewards): _____

Fundraiser Goal: \$ _____ Fundraiser Purpose: _____

How much will you earn with your MADR Fundraiser? You will receive 50% percent of all Cards Sold. Percentage will be based on actual sales (non-profit/tax-exempt organizations will not pay sales tax.

Terms and Conditions

- MADR Independent Consultant will provide fundraiser order forms, folders, instructions to each participant *free of charge*.*.
- MADR agrees to take back unsold Generic MADR Cards that are in perfect, clean saleable condition. ** (To be determined by MADR personnel.) MADR Cards must be returned at the end of your organization fundraiser.
- All organizations must agree to a minimum of 100 generic cards or a minimum of 300 imprinted cards. Initial payment is not required with minimum orders. The cost for imprinting must be received upon the order.
- Payments must be made in full before any sequential orders can be filled. Payments are expected every 30 days of long term fund raisers or no later than 60 days after the end date described above.

Payment Methods

- Full payment is due when fundraiser is completed.
- Please have all checks made payable to Make A Difference Rewards.
- If you are a Non-Profit/Tax-Exempt organization, you will be required to provide copy of tax-exempt certificate to Make A Difference Sales Representative.



Please read and initial the following items:

_____ Your MADR Fundraiser is scheduled for: _____

_____ Full payment is due on Logo Card option before cards are printed\$_____

_____ All checks will be made payable to Make A Difference Rewards.

_____ We/I will submit all original order forms to Make A Difference Rewards.

_____ We/I will return any/all unused MADR Cards, order forms, folders, instructions, etc. will be returned to MADR Sales Rep at conclusion of fundraiser.

I, _____, am a MADR Independent Consultant with Make A Difference Rewards. I do hereby agree that the earnings made during this fundraiser will be paid to the Fundraiser Coordinator, as noted in the terms above. The Fundraiser Coordinator agrees to only use the funds for the purpose stated herein.

FUNDRAISER COORDINATOR NAME (PRINTED)

DATE

X _____
FUNDRAISER COORDINATOR SIGNATURE

MADR INDEPENDENT CONSULTANT

DATE

X _____
MADR INDEPENDENT CONSULTANT SIGNATURE