

FUNDRAISER AGREEMENT

Please fill out completely and sign at bottom.

GROUP'S FULL NAME: _____

GROUP'S PRIMARY PHONE #: _____

FULL NAME OF REPRESENTATIVE: _____

REP'S PHONE #: _____

- 1) Your group must sell no fewer than 40 apples.
- 2) Apple order total and payment must be delivered by _____
- 3) The completed apples ordered must be picked up on _____
- 4) **Caramel apples are perishable. They must be kept cool, but not frozen.
All apples should be distributed within 2 days of pickup/delivery to your organization.**
- 5) All customer payments should be made out to your organization. Your organization will then make a final payment payable to **Gourmet Galleria** for the apple cost only (\$10.00/apple).

PRICES

Sell apples at \$14.00. Your group makes \$4.00 profit per apple.

ORDER FORMS

You may print your requirement from our online form.

ORDER & PAYMENT DUE DATE _____

PICK UP ORDER DATE _____

Signature of Responsible Representative

Date

Fax, mail or email this completed form to the address below.

Thank you!

Gourmet Galleria

2356 Cambridge Ave SE

Grand Rapids, MI 49506

Fax: 616-241-2180 Email: info@bestdressedapples.com

Questions – Phone: 616-241-2180