



# Fundraiser General Contract

1550 Hart Street  
 Honolulu, HI 96817  
 (808) 832-9840  
 FAX: (808) 832-9844

Name of Organization
Purpose of Fundraiser

## THE PROGRAM

There is a minimum order of 250 bags of cookies. The sale will run for a maximum of 4 weeks. This is to ensure that the cookies are fresh when you sell them. The selling price of each bag of cookies is \$3.00. Your organization will pay \$1.80 for each bag ordered. Your organization will make \$1.20 profit for each bag sold. Once you place your order, you may not decrease the number of bags ordered. The Cookie Corner will not take back bags of cookies not sold. Both the organization and the individuals coordinating the fundraiser will be financially responsible to The Cookie Corner for all bags of cookies ordered.

## REQUESTED INFORMATION

Please present a financial statement (if one is available) from the Organization. Also inform us of any other companies you have worked with on a fundraiser in the past since they will make good references.

## PAYMENT SCHEDULE

(based on a 4 week sales period)  
 Payment #1 - 25% (2 weeks after start of sale)  
 Payment #2 - 50% (4th week of sale)  
 Payment #3 - 25% (no later than 1 week from last day of sale)

## SALES

The sale of cookies will begin once the cookies are picked up by one of the authorized signers and may be sold for 4 weeks following that date. Proceeds of the fundraiser must be only for the benefit of the named non-profit organization. Sales should be handled only by members or representatives of the organization. The cookies cannot be sold within a 1/2 mile radius of any Cookie Corner location. The Cookie Corner will not be held responsible for any circumstance that may result from the sale of The Cookie Corner cookies by your organization.

<b>FOR OFFICIAL USE ONLY</b>
THE ORGANIZATION STATED IS AUTHORIZED BY THE COOKIE CORNER TO SELL COOKIE CORNER COOKIES FOR THE EXPRESS PURPOSE OF A FUNDRAISER.
COOKIE CORNER REPRESENTATIVE
SIGNATURE

BEGINNING	ENDING	PAYMENT SCHEDULE	PAYMENT #1 (25%)	PAYMENT #2 (50%)	PAYMENT #3 (25%)
SALE DATE		DATE			
ORDERING INFORMATION		FLAVOR	AMOUNT ORDERED	FLAVOR	AMOUNT ORDERED

**WE ASK THAT TWO PERSONS OF LEGAL AGE, ONE OF WHOM MUST BE AN OFFICER OF THE ORGANIZATION, SIGN THE CONTRACT**  
 I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF THE GENERAL CONTRACTS AS STATED.

ORGANIZATION OFFICER/TITLE		
ADDRESS	HOME PHONE	BUSINESS PHONE
I AUTHORIZE THE USE OF THE CREDIT CARD BELOW IN THE EVENT PAYMENT IS NOT MADE TO THE COOKIE CORNER ACCORDING TO SCHEDULE.		
CREDIT CARD	NUMBER	EXPIRATION DATE
NAME ON CARD		SIGNATURE

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF THE GENERAL CONTRACT AS STATED

FUNDRAISING COORDINATOR		
ADDRESS	HOME PHONE	BUSINESS PHONE
I AUTHORIZE THE USE OF THE CREDIT CARD BELOW IN THE EVENT PAYMENT IS NOT MADE TO THE COOKIE CORNER ACCORDING TO SCHEDULE.		
CREDIT CARD	NUMBER	EXPIRATION DATE
NAME ON CARD		SIGNATURE

BOTH PERSONS SIGNING THE FUNDRAISING CONTRACT WILL BE HELD PERSONALLY RESPONSIBLE FOR THE PAYMENT OF ALL MONEYS OWED TO THE COOKIE CORNER

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 DATE