

## **FUNDRAISING PROGRAM**

www.imarkfundraising.com

## **ENROLLMENT FORM**

Address:	City:		
State:	Zip Code:		
Start Date:	End Date:		
Number of Students:	Number of Brochures Needed: (Based on number of students)	Goal: (Ex.: Raise	\$10,000 for field trip)
Invoicing Information:			
Name:	Email:		
Mailing Address:	City:	State:	Zip:
Contact Name:	Phone:		_
Cell:	Fax:		_
Shipping/Delivery Information:			
Mailing Address:	City:	State:	Zip:
Contact Name:	Phone:		
Contact Email:	Y Email reports to contact?Y	esNo	
PAYMENTS TERMS: Make all checks payable to	IMARK.		4-0
For all sales, payment is du	e upon receipt of invoice. All invoices will be	e sent prior to s	ship date.
and/or school district. We al	ck made payable to IMARK from your schoolso accept Visa, MasterCard and American checks from parents. A 3% extra charge will a	Express for sin	igle payment.
Your signature below indicate have any questions, please	ites that you have read and understand the contact Imark.	above agreem	ent. Should you
Sponsor Signature:	Da	te:	