



**COUGAR MOUNTAIN**  
BAKING COMPANY

# Fundraiser Agreement

Please fill out and return this form by...

Fax: (206) 467-0993

Scan & email to: christine@cougar-mountain.com

Mail: 4224 24<sup>th</sup> Ave. W, Seattle, WA 98199

(please keep a copy for your records)

Name of Organization \_\_\_\_\_

Organization Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Fundraiser Start Date \_\_\_\_\_

*(Tip: Start sale on a Friday and end on a Monday and include at least two weekends.)*

Fundraiser End Date \_\_\_\_\_

Fundraiser Order Date \_\_\_\_\_

*(Orders not placed on this date may result in rescheduling your delivery date.)*

Requested Delivery Date \_\_\_\_\_ Time: \_\_\_\_\_

*(Please allow 2-½ to 3 weeks after order date. Delivery available M-F 8:30am – 5:00pm)*

Dough must be refrigerated (not just picked up) within 4-5 hours after our delivery. \_\_\_\_\_ Initial\*\*\*

Do you have facilities to store dough if it's not picked up on delivery date? \_\_\_\_\_

Address for cookie dough delivery: \_\_\_\_\_

Delivery location information (distance from where we can park, level ground, etc. We cannot deliver up or down stairs.)

Free Delivery Minimum (120 tubs / 30 mile limit, 220 tubs / 30-60 miles. 60+ miles to be determined) \_\_\_\_\_ initial\*\*\*

*(Orders below 120 tubs must be picked up at our Seattle facility. Orders beyond minimum/delivery range will incur a delivery fee t.b.d.)*

Payment must be made on or before delivery - CASH or CHECK (no personal) only \_\_\_\_\_ initial\*\*\*

*(If your group needs time to process a check, figure this into delivery date. We need 48 hrs notice if you need a copy of invoice.)*

Name/Address for brochure delivery \_\_\_\_\_

Number of participants \_\_\_\_\_ Number of brochures needed \_\_\_\_\_

By what date would you like brochures delivered? \_\_\_\_\_ Please allow 48 hours for processing.

**Please check the box below and type your name to acknowledge that you agree to and understand the terms of this agreement.**

I agree to the terms of this agreement.

Contact signature \_\_\_\_\_ Date \_\_\_\_\_

*(must be 18 or older)*

*If you do not receive confirmation of receipt of this form within 1 business day, please contact us.*

**Any questions? Please call Christine at (206) 467-5044 ext. 202**

***We wish you great success!***