



Please Fax To:

(607) 656-5316

2010 Fundraiser Response Form

Group Advisor/Coordinator Information (Please print clearly to better process your request.)

Organization's Name: _____ (School, Group, Club, etc.)

Leader First Name: _____

Leader Last Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: (_____) _____ - _____

E-Mail: _____ @ _____

Chartering Organization: _____

Intended Program Start Date: _____/_____/_____

Please Note: Sales Materials will be sent to the above address and group contact 2 weeks prior to program Start Date.

Estimated Number of Participants: _____

- Please have a Page Seed Fundraising Professional from my area contact me to begin my program!
- Please contact me ASAP to answer several questions I have.
- I can't commit this year, but the program looks great! Please keep me on your e-mail list.