



Organization Name: \_\_\_\_\_


Group Id: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**FUNDRAISING PROGRAM - ONE TIME/HOLIDAY FLYER**  
**Fundraising Publication - 25.5 inch x 8.8 inch Full Color Brochure**

	Fundraiser Dates*	Number of Order Forms Required

Check here if interested in the Hands-Free option:

\*UnitedScrip will offer the program again in the Spring. Please enter any dates for Spring that would be of interest to your organization.

Email this completed form to [info@unitedscrip.com](mailto:info@unitedscrip.com) or fax it to 864.886.9704.