



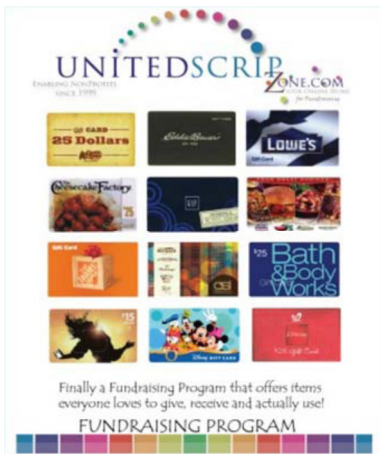
Organization Name: \_\_\_\_\_

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

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