



Organization Name: _____

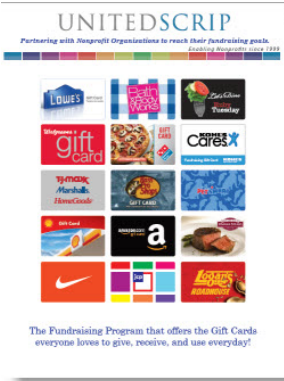
Group ID: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Ship Flyers To: _____

FUNDRAISING FLYER		
	Fundraiser Dates* Beginning Date - End Date	Number of Order Forms Required

*The Fundraising Flyer program is open for groups to utilize twice a year but requires pre-registration and approval.

Email this completed form to
 info@unitedscrip.com
 OR fax to 864.886.9704

FOR OFFICE USE ONLY

E	W	DATE	PM FEDEX	UPS	PPD	EXCEL
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