SPELTZ STUDIO FUNDRAISER APPLICATION

| Name of Organization | |
|--|---|
| Organization Address | |
| | |
| | |
| Contact Person | |
| Address | |
| | |
| | |
| Telephone | Fax |
| Please describe briefly your organiza | ation's goals and purpose: |
| | |
| Number of members | |
| Will your group be willing to promo | te this product through person-to-person sales? |
| Can your group sell at least 40 prints | s in the first two weeks? |
| Does your group have a possible pur | rchaser for the original?(\$600.00) |
| date | organization representative |