



# Let's Get Started

Thank you for choosing to participate in our  
Holiday Brochure fundraising program.

○ **SCHEDULE YOUR DELIVERY DATE AND TIME WITH US**

Orders are due **three (3) weeks** before your chosen delivery date for the Christmas sale and **four (4) weeks** before your delivery date for the Easter sale.

○ **DISTRIBUTE SALES KITS**

Instruct each person to return **BOTH COPIES** of the master sheet to you. The color brochure stays with the salesperson for their distribution.

○ **CHECK ORGANIZATION NAME**

Please be sure your organization name is on each master sheet. **DO NOT USE ABBREVIATIONS.** You may wish to check the figures and math prior to submitting your master sheets. *Only code orders if this will assist you in distribution on delivery day or if you are having a contest between rooms or grades.*

○ **SUBMIT MASTER SHEETS AND DELIVERY FORM**

Mail in or deliver both copies of the master sheets to us along with the attached delivery form, or instruct your individual salespeople to submit their orders at [SarrisCandiesFundraising.com](http://SarrisCandiesFundraising.com) via the Online Master Sheet.

○ **SCHEDULE PICK-UP OF ORDERS**

Our drivers will organize your individual orders per your instructions. Please advise your salespeople when the order will arrive. Schedule pick-up of orders **one (1) hour** after your scheduled delivery time.

**NOTE: Absolutely no fundraising orders will be filled in our retail store.**

# DELIVERY FORM

**THIS DELIVERY FORM MUST BE RETURNED WITH BOTH COPIES OF THE MASTER SHEETS.**

**SEND ORDERS TO:** Sarris Candies, Inc. • 511 Adams Avenue, Canonsburg, PA 15317  
Phone: 1-800-255-7771 • Fax: 724-745-7092

## 1 ORGANIZATION

Group ID# \_\_\_\_\_

## BILLING ADDRESS

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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

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

Mobile Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ (optional)

Secondary Phone: \_\_\_\_\_ (optional)

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

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

## 2 INCENTIVE / PRIZE OPTIONS

SALES	EXTRA 2%	OR	GIFT CARD PRIZE PROGRAM
\$500*-\$1,499	<input type="checkbox"/> 25%		Not Eligible
\$1,500-\$2,499	<input type="checkbox"/> 27%		Not Eligible
\$2,500-\$4,999	<input type="checkbox"/> 32%		<input type="checkbox"/> 30% + (1) \$25 Amazon Gift Card (1) \$50 Amazon Gift Card
\$5,000 & UP	<input type="checkbox"/> 35%		<input type="checkbox"/> 33% + (1) \$25 Amazon Gift Card (1) \$50 Amazon Gift Card (1) \$100 Amazon Gift Card

\*If your order is less than \$500, please call the office for profit options.

## 3 DELIVERY DATE

## DELIVERY ADDRESS

Requested Date: \_\_\_\_\_

*\*Subject to availability*

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

Please check "✓" a time frame that will best suit your needs:

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

AM \_\_\_\_\_ (7:00 AM - Noon)

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

PM \_\_\_\_\_ (Noon - 4:00 PM)

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

PM \_\_\_\_\_ (4:00 PM - 7:00 PM)

Mobile Phone: \_\_\_\_\_

Delivery Notes: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ (optional)

**DELIVERY DIRECTIONS** (From nearest major highway or landmark) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_