ZANZÍS

Zanzis Z-DOT Fund Raising Program





Contact Person Address City, State, Zip Phone # Phone #	Group Name					
City, State, Zip Phone #	Contact Person			Your	position	
Phone # e-mail Number of Children in group Grade(s) Goal for group (dollar amount) \$ When do you want to start? When would you want your pizza party? 1 2 3 choices The money that you raise, is it ear marked for any special project? Is there anything else that Zanzis can help you with? If so, what. Office use only Date Started Date set for party Have flyers How many? Collection container # of Z-Dots turned in Amount earned Check issued Mailed on date When?	Address					
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Do they want to do another fund raiser? When?	# of Z-Dots turned in	— Amoun	nt earned	_ \$		
<u> </u>	Check issued	Mailed	l on date			 Ck #
Follow up Notes:	Do they want to do anot		When?			
	Follow up Notes:					