Zanzis Z-DOT Fund Raising Program

Todays Date _____

Group Name _____

Contact Person _____ Your position _____

Address _____

City, State, Zip _____

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 _____ Ck # _____

Do they want to do another fund raiser? _____ When? _____

Follow up Notes: _____

_____

_____

_____

_____

Please bring the completed form to your local Zanzis store