YANKEE | FUND-RAISING Customer Data Sheet

***Important - Your Organization Name, Sale Begin & End Dates and Checks Payable To responses will be printed on your Parent Letter. Please make sure the information you provide in these fields is clear and accurate

Organization Address		
Organization Phone		
Tax Exempt? Yes No	_ If yes, fax a copy of your NYS Tax	Exempt Form to Tim Healy @ 516-561-0
Prior Customer? Yes No C	ustomer Number	
Chairperson's Name		
Chairperson's E-Mail		-
Chairperson's Phone	Cell Phone	
Brochure Ship To Address		
Home Business		
Bill To Address (if different)		
Home Business		
Product Delivery Address (if different) _		
Home Business		
DATES: Brochures Needed By	**Sale Begins	**Sale Ends
Prize Brochure or 3% Discount off your	· Invoice	
(You have a choice of either a free prize	program for your sellers or an a	additional 3% discount off your inv
Number of Participants	Number of Rooms/Teams/Gro	oups
**Checks Payable to		

Fax this form with a copy of your NYS Tax Exempt Form to Tim Healy @ 516-561-0167