

Brochure Request Form

Organization/School: _____

Fund raising Director: _____ Tax ID#: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Project Start Date: _____ Project End Date: _____

Amount of fund needed: _____ Project used last year: _____

Number of Participants: _____ Number of Brochures Needed: _____

Please pick one program per group or organization:

() *11 oz Tumbler Wax* () *10 oz Gel* () *11 oz Tumbler Gel* () *Assorted Gifts*

Fund raising director, fill out this form as completely as you can. Send or fax this form plus a copy of your tax exempt certificate to Unique Aromas or your distributor below and someone will contact you within 24 hours to verify your information before brochures are send out. If your organization is not tax exempted, call our office or your distributor for more detail. Your profit is 35% of the retail price.

Signature: _____ Date: _____

School Official

Signature: _____ Date: _____

Fundraising Director

Distributor:

Unique Aromas, 29 Mack Street, Batesville, AR 72501
Tel# 1-800-373-7210 Fax: 1-888-741-5931