

Brochures 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 () 10 oz Gel () 11 oz Tumbler Gel () 4-page Brochure

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 and a representative 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 for more

School Official

Signature: _____ Date: _____

Fundraising Director

Signature: _____ Date: _____

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

House Account
Discount - 50%