



Vitalogy SKINCARE Sunscreen Fundraising Agreement

Name of organization: _____

Mailing address: _____

City: _____ Zip: _____

Contact's Name: _____ Title: _____

Phone: _____ E-mail Address: _____

Campaign Start Date: _____ End Date: _____

Numbers of Participants: _____ Gross Sales Goal: \$ _____

- **You can earn between 30%-50% profit based on the sales price of your selection. Recommended sales price \$10-\$14. Cost is \$7.**
- **Product is TAX FREE.**
- **FREE shipping on orders of 10 cases or more. (70 bottles per case)**

Our organization would like to conduct the Vitalogy SKINCARE Sunscreen Fundraiser. I agree to start our fundraiser on or near the requested date and understand that payment is due when orders are placed online at Vitalogy.Logoshop.com.

Signature: _____ Title: _____

Print Name: _____ Date: _____

(to be completed by Vitalogy SKINCARE rep)

Vitalogy SKINCARE Representative's Name: _____

Vitalogy SKINCARE Representative's Signature: _____

Email: Sunscreen@VitalogySkincare.com

Vitalogy.Logoshop.com