



HARLEM MIDDLE SCHOOL
MEMORANDUM

TO: Board of Education
FROM: John Cusimano, Principal
DATE: December 18, 2012
RE: Magazine Contract 2013-2014
CC: Josh Aurand, Assistant Superintendent

Attached please find for approval the contract for our school-wide magazine fundraiser for the 2013-14 school year.

All students are encouraged to sell the magazines to raise funds for their teams and the school to help defray the costs of guest speakers, field trips, and assemblies.



Program Agreement PRODUCT RESERVATION

www.gafundraising.com

P.O. Box 305142, Nashville, TN 37230-5142 • 800-251-1542 • Fax: 615-884-3442
8:00 AM to 5:00 PM Central Time • E-mail: greatamerican@gafundraising.com

Customer Name/Group Name Harlem Middle School ☐ New ☒ Renewal
Address (Include Street if P.O. Box) 735 Windsor Rd City Loves Park State IL Zip Code 61111
Shipping Address (If different) _____ City _____ State _____ Zip Code _____
Customer Phone 815-654-4510 Customer Fax _____
Sponsor Arlyss Fuller ☐ OOS Home Phone _____ Cell/Work _____
Representative Name Nicole Wawrzyniakowski Account No. 8030549 Voicemail 2367
Sign-up Date _____ Start Date 9/11/13 End Date 9/25/13 Mail Order by 10/2/13 to ensure delivery by the request date
of Students at Start 1,150 Est. \$ Wsl 8,500.- # of Classrooms _____ Online Store id# 2677946

BROCHURE	PFT	LVL	TIP	BROCHURE	PFT	TIP	REACHOUT SPECIAL PROJECTS	SERVICE LEVEL
<input type="checkbox"/> Cookie Dough <input type="checkbox"/> Showcase <input type="checkbox"/> Spring Showcase <input type="checkbox"/> Designs <input type="checkbox"/> Magazine Conn. <input type="checkbox"/> Mag Conn. Dough <input type="checkbox"/> Tasty Selections <input type="checkbox"/> Canvas Impressions <input type="checkbox"/> Frozen <input type="checkbox"/> Other _____				<input checked="" type="checkbox"/> Great American Reading Program <input checked="" type="checkbox"/> Bill Me Later <input checked="" type="checkbox"/> Reachout <input type="checkbox"/> Reading Rewards (ROF) <input type="checkbox"/> Full Service <input checked="" type="checkbox"/> GARP <input checked="" type="checkbox"/> Faculty <input type="checkbox"/> GARP Express Combo Fee <input type="checkbox"/> R <input type="checkbox"/> G	40%	40%	<input type="checkbox"/> "TIME FOR KIDS" <input type="checkbox"/> ELLISON <input type="checkbox"/> WEEKLY READER <input type="checkbox"/> OTHER Every 30 completed books adds \$200.00 to your Purchasing Certificate. Examples: 30-59 Books = \$200.00 Certificate Examples: 60-89 Books = \$400.00 Certificate Examples: 90-119 Books = \$600.00 Certificate Examples: 120-149 Books = \$800.00 Certificate, etc. Number of Completed Books <input type="text"/> Number of Completed Forms <input type="text"/>	<input checked="" type="checkbox"/> Pre Collect <input type="checkbox"/> Post Collect PRIZE PROGRAM <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> K <input type="checkbox"/> J <input type="checkbox"/> L <input type="checkbox"/> Goal _____ Qty <input type="checkbox"/> R <input type="checkbox"/> G SPECIAL SERVICES <input type="checkbox"/> Money Collection <input type="checkbox"/> On Line Entry <input type="checkbox"/> Lightning Set-up <input checked="" type="checkbox"/> Online Store Set-up <input type="checkbox"/> MAO _____ <input type="checkbox"/> MAB _____ <input type="checkbox"/> Prize Pre-Pack (Pre-Collected Only)

Actual Brochure Public Corp Brochure No. 1047380
Actual Brochure _____ Brochure No. _____
Actual Brochure _____ Brochure No. _____
Actual Brochure _____ Brochure No. _____

SALES TAX
☐ State Requires Tax
☒ Tax Exempt Form In Office
☐ Tax Exempt Form Attached
☐ Tax Exempt Form To Be Mailed
☐ State Requires No Tax
TAX ~~ON~~ PRINTOUT
☒ No Tax
☐ Wholesale Tax
☐ Retail Tax

Email Address (Required) for A+ Services & Online Entry (Please Print)

Arlyss.Fuller@charlem122.org

Last Full Day of School Before Break _____

NOTES:

Packets: 1,200
Faculty: 160

FSM will split the cost of prizes up to 3% of gross sales.
5¢ prize brochure cost

DIRECT SALE CANDY

Product Name _____ Item Code _____ Qty _____
Product Name _____ Item Code _____ Qty _____
Product Name _____ Item Code _____ Qty _____

SPONSOR - IMPORTANT

Payments terms: 15 days for pre-collect programs, 30 days for post-collect programs, from invoice transaction date. Check your invoice summary for the amount due and the payment date. A 2% fee will be assessed for late payments. All delivered products become the property of the sponsor/group and any resale to consumers will be by the sponsor/group for its own benefit only. All collections of retail sales prices from the consumer will be in the name of the sponsor/group, unless program requires payment be made to Great American Opportunities. This Order Agreement must accompany your student order forms. Without this document, your order will be delayed. Your customers should allow 8-12 weeks from the date you mail the magazine subscription Order Forms to Great American for magazines. Magazines are 40% profit. Reachout component is 40% profit less postage. Personalized items are 25% profit. \$75 processing fee applies on orders below 200 units for spring and 400 units for fall. \$50 combination fee applies on frozen/gift combinations.

CHECK ONE - REQUIRED

- ☒ Purchase Order is NOT required for this merchandise.
☐ A Purchase Order is required for this merchandise before being processed. PO No is _____
☐ A Purchase Order is required for this merchandise before shipping. GAO will call customer to give dollar amount required on PO before PO# will be issued. I understand that order will be delayed until purchase order is provided.
☐ Organization must pay in advance prior to shipping of products.

This agreement insures that the Company Representative and the sponsor have scheduled a fund-raising program on the above indicated date. The objective of Great American Opportunities Inc is to provide you with full service programs and to operate within your administrative guidelines. Please acknowledge that the above date will be reserved for the specified programs.

COMPANY INFO:

Fms _____ Env _____ Opr _____
Arrl. _____ Arrival# _____
Cust _____
Spr No. _____ Ed/Vf _____
Grp No. _____ Rlsr _____
Contract _____

Signature of Program Sponsor

Signature of GAO Consultant

Company