



www.harmisonsfundraising.com

205 E Clinton Ave
Indianola, IA. 50125
1-800-810-0699

Harmison's, Casey's Cares Card Agreement Form

Name of Organization: _____ Date: _____

Address: _____

Phone: _____

Fax: _____

Contact Person(Print): _____

Contact Person's signature: _____

Title: _____

E-mail: _____

Bill to: _____

Ship to: _____

Number of Sellers: _____

Sale Begins: _____

Sale Ends _____

Initial Cards ordered: _____

Requested Date to receive Cards: _____ (Please allow up to 10 days after order received)

Approx. Date of

Return of unsold cards and payment: _____

Comments: _____

**Please fax your agreement form to: Harmison's Hometown Fundraising
Attn: Lori
Fax#: 515-961-2266**

Any questions or for more information, please contact us at 1-800-810-0699 or
lharmisonshtr@aol.com. Thank You!!