

**IDS Unlimited
DBA Select Enterprises**

6242 University Avenue
Middleton, WI 53562
Office 608-441-3910
FAX 608-441-3918
www.BuckyBook.com



Bucky Book Fundraising

I, *(contact name)* _____, as the authorized representative
of *(organization)* _____
at *(mailing address, city & zip)* _____

hereby commit to participate in the Bucky Book as a fundraising organization.

The Bucky Book will be released in late August-early September. I will work closely with Select Enterprises in the months prior to coordinate and execute the Bucky Book fundraising campaign.

Signature of Authorized Group Member

Date

Please complete the contact and group goal information below:

(home phone) _____ (work phone) _____

(cell phone) _____ (email) _____

(Alternate Contact Person) _____

(Alt phone) _____ (Alt email) _____

If a circumstance arises and my group is unable to participate in the Bucky Book campaign, I agree to contact the Bucky Book office immediately. I will then relinquish my position in the campaign, so it can be offered to another interested organization.