



1650 SE 17th Street Ste 400; Fort Lauderdale, Florida 33316

TOLL FREE: 866-252-6103 FAX: 877-252-6104 EMAIL: Info@stpcards.com

FUNDRAISING SPECIALIST: Malcolm Rogers

VSID: 480208358

ORGANIZATION

| | | | | | |
|---|-----------|------------|-------------------------------|------------|--|
| ORG: Lagrange Elementary School - 40031 | | | ATTN: Lagrange Elementary PTA | | |
| GRP: Schoolwide | | CO: Oldham | | | |
| ADDR: 500 West Jefferson St | | | | | |
| CITY: Lagrange | | | | | |
| STATE: Kentucky | | ZIP: 40031 | | | |
| ORG#: 1 (502) 222-9455 | EXT#: Ext | STORE#: | STICKERS: Yes | DVD: Links | |

N1: Ms. Loka Broughton C: 1 (502) 548-8185 E: loka.carey@gmail.com T:

N2: C: E:

START DATE: 09/15/2025 END DATE: 09/29/2025 KO DATE: 09/12/2025 KO TIME: 9:30AM # IN GRP: 100

KO LOCATION: SCHOOL ZONE: Oldham County HS EXP: 6/30/26

MAX: 46 CHARACTERS

| | | | |
|------------|----------------------------|--|--|
| TITLE | Lagrange Elementary School | | |
| PAYMENT(S) | Cash or Check | PAYABLE TO: Lagrange Elementary School | |
| EXTRA INFO | | | |

PARTICIPATION REWARDS

FUNDRAISING PROGRAM AGREEMENT

By signing this agreement, I authorize Platinum Fundraising LLC to print my organization's name on the information flyer. I agree to start this program on the "START DATE" specified above. I understand that the materials will be printed and dated according to the "START DATE," and the "START DATE" CANNOT be changed or rescheduled. I agree to run this program for two weeks. I approve the prizes to be distributed at the conclusion of the fundraiser and accept responsibility for delivering the prizes to the guardians of the participants. No returns will be accepted. No order forms or cards will be sent out before signing this agreement. Order forms are required to redeem prizes, and individual orders cannot be combined. If the fundraiser does not start on the "START DATE" or is canceled for any reason, a \$50 cancellation fee will apply.

SIGNATURE:

TITLE:

DATE: