



2020 SALE PLAN- ONLINE – SHIP TO SCHOOL

SCHOOL: _____
 COORDINATOR: _____
 EMAIL: _____
 PHONE: _____

Please complete this form for our TWS@SCHOOL Online Sale Method. Kits will be shipped to school.

Online approval of your storefront is required before any sales can be accepted. The approval confirms that all kit contents (products, quantities, brands, fundraising amounts (if applicable), final sale price) have been reviewed by the coordinator for accuracy. Any discrepancies need to be reported to TWS to edit before storefront approval.

1. Approximately what dates do you plan to hold your sale?

Date range: _____ to _____ (TWS recommends hosting sale the last 3 weeks of school)

2. Would you like a customized sale flyer PDF created for your families? Yes or No (If no, please provide a copy of flyer you use)

Please check your selections below:

___ Boy/Bus ___ Coming Soon ___ Dog ___ Great Year ___ Locker ___ Sales Ends Soon ___ Stop Sign

3. Are you interested in adding a profit to your kits to benefit your parent organization?

Yes or No If yes, amount: _____ (dollars or percentage)

Are you interested in using your profits to buy additional kits for “Students in Need” at your school?

Yes or No

Sale profit checks are mailed out in late September. Payable to: _____

4. Do you want families to know that you have marked up your kits as a fundraiser? Yes or No

If yes, please choose from one of the following messages that will appear at the online checkout:

- A portion of this sale will be donated back to your school. Thank you!
- % or \$ of this sale will be donated back to your school. Thank you!

5. Do you want your families to be able to customize the contents of the kits (adding or removing products)?

Yes or No

****NOTE – It can take up to 3 days to upload the supply kits to your storefront****

IMPORTANT DATES: These dates are used in establishing our production schedule.

(If any date changes after submission, TWS has the rights to adjust store front closing).

Requested Delivery Date: _____ (We suggest a minimum of 5 business days prior to distribution)

Kit Distribution Date: _____

First Day of School: _____

DELIVERY INFORMATION: Coordinator and delivery contact are the same person. (check box)

Delivery Contact: _____

Delivery Phone #: _____ Delivery Email: _____

Please return this plan to: Your Account Specialist or contact@write-stuff.com
 Phone: 800.871.8546 Fax: 630.365.4415 www.write-stuff.com