

<YOUR GROUP'S NAME>

Dear Parent or Guardian,

Our yearly fundraiser kicks off on <Your Start Date> for <Your Group's Name>.

This fundraiser generates the income we need to <Your Fundraiser's Goal>.

This year's fundraiser features <Your Fundraiser's Products>.

- We will not achieve our goal without your help!
- We need every student to sell 10 items or more. Prizes will be awarded!
- Visit our personal fundraising website to see products, get fundraiser information, and promote this fundraiser to your family and friends!
- **On the web at “YourGroupsName.NeedsYourSupport.org”**

Your student will bring a packet of information home on <Your Start Date> containing all the information you need to get started.

If you have any questions, please contact <Your Contact Name & Phone #>.

Thank you for your support!

<Your Group's Name>

Your Group's Name · 5555 Group Street · City, IN · 55555 · (555) 555-5555