



Hello Parents,

We will be launching our Momentum Fundraising "Contact Free" sale in the coming days and wanted to answer any questions you may have to gain participation. Fundraising is vital for the success of our program and we truly need to raise funds. Momentum Fundraising has an efficient process that helps the students raise money for a successful year.

All we ask is that each parent/guardian help their student gather 20-25 or more email addresses of their biggest supporters i.e. "Parents, Grandparents, Aunts, Uncles, Cousins, Older Siblings, Family friends." Please have the emails written on the attached call list.

*****Email addresses are only used by your student for fundraising. They will not be entered anywhere except on their own device*****

An email will be sent with a proof of the product and a link to the checkout cart to each of his/her potential donors. Your student will explain why we are fundraising and the potential donors can decide if they would like to purchase. They pay via credit card and the product is shipped directly to the supporters house.

There is no money collect, no walking around town selling, and no delivering of product. It is a personalized email giving the kids the opportunity to raise the money for their team in a safe contact free way.

We are confident there are many people eager to support your student . This Fundraiser will be a success if you help develop a quality list.

If you have any questions about this program, please feel free to contact your coach.

Top Supporters:

- Mom & Dad
- Step Parents
- Brothers & Sisters (older)
- Grandma & Grandpa
- Aunts & Uncles
- Cousins
- Religious Members
- Co-Workers
- Neighbors
- Family Friends
- Holiday Card Lists
- Former Coaches

Other Possible Supports:

- Accountant
- Chiropractor
- Dentist
- Doctors
- Hair Stylist
- Insurance Agent
- Massage Therapist
- Mechanic
- Mortgage Broker
- Orthodontist
- Personal Trainer
- Real Estate Agent
- Veterinarian



	NAME	EMAIL ADDRESS	SENT	CALL	DONATION		
1			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
2			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
3			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
4			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
5			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
6			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
7			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
8			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
9			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
10			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
11			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
12			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
13			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
14			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
15			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
16			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
17			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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19			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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21			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
22			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
23			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
24			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
25			<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	