



APPLICATION FORM

ORGANIZATION INFORMATION (i.e., Group holding Fundraiser)

Organization Name _____

Organization Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ E-mail _____

Website Address (if any) _____

Organization State Sales Tax ID # (if any) _____

(Not required to receive Fundraising pricing; however a copy of your state Sales & Use Tax Exemption Certificate is required prior to purchase if the organization wishes to claim exemption from state sales tax where applicable.)

Type of Organization: ___ Educational ___ Religious ___ Community ___ Charitable ___ For-Profit Business*

CONTACT INFORMATION (Person in-charge of, or responsible for, your Fundraiser)

Name _____ Affiliation with Organization/Title _____

Daytime Phone (____) _____ Cell Phone (____) _____

Preferred Contact Phone # for the date of your pick-up/delivery (____) _____

E-mail _____

PURPOSE OF FUNDRAISER* _____

*If your Fundraiser is not for the benefit of your organization OR if you are a For-Profit organization, please indicate the organization/cause that will benefit from the proceeds of your Fundraiser (note: verification required prior to approval)

Benefitting Organization/Cause Name _____

Contact Name at Benefitting Organization/Cause _____

Contact Phone (____) _____ Email _____

PROPOSED DATE OF FUNDRAISER

I certify that I represent the Organization applying to purchase Tru-Colour Bandages Fundraising products, that I have read the accompanying Qualifying Requirements and we meet the guidelines as stated and that any proceeds from any re-sale of Fundraising products purchased by this organization will be used for the purpose stated above and not for individual/commercial gain or profit.

Signature _____ Date _____

COMMENTS _____
