



FUNDRAISER APPLICATION

Rolling Zone Creamery strives to be a proud supporter of our community.

Fill out the information bellow, select the type of request you are interested in pursuing and drop off or email to Rolling Zone Creamery. If your request is approved, we will contact you soon.

ORGANIZATION NAME: _____

CONTACT PERSON: _____

CONTACT TITLE: _____

CHECK PAYABLE TO: _____

ADRESS TO BE MAILED TO: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: _____

EMAIL: _____

FEDERAL TAX ID/SSN: _____ (MUST BE 9 DIGITS LONG, DOES NO CONTAIN LETTERS)

FEDERAL TAX NAME: _____ (AS SHOW ON YOUR INCOME TAX)

IS YOUR ORGANIZATION A QUALIFIED 501 (C) 3 ORGANIZATION? YES ___ NO ___

IF YOU ANSEWERED YES, PLEASE READ AND SIGN THIS NOTICE.

IN ORDER TO CONFORM WITH INTERNAL REVENUE CODE SECTION 170(F)(8)

STATES THAT I DID NOT PROVIDE GOODS AND SERVICES IN CONSIDERATION FOR THIS GIFT.

SIGNATURE

TITLE

HOW WILL THESE FUNDS BE USED? (PLEASE BE SPECIFIC) _____

FOR STORE USE ONLY

MONETARY DONATION	FUNDRAISER	ICE CREAM DONATION
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DATE/TIME OF EVENT: _____

PLEASE PAY THIS AMOUNT: _____

GM'S APPROVAL TO PAY: _____