## **RESTAURANT DINE & DONATE**

Event Date:			Pizza
		_	Pizza
From:	То:		
Store Address Where Fundrais	ser Will Be Held:		
Organization Name:			
Is this organization recognize	d by the government as a non-	profit organization?	No Yes If yes, a copy of you IRS letter, 501(C)(3) is required.
Organization's Federal Tax Ide	ntification Number:		
Organization's Address:			
City:	State:		ZIP:
Organization's Address:			
Contact Person's Name:			
Contact Person's Number:			
Contact Email Address:			
Contact's Signature:			Date:
Store Manager's Pre-Approval:			Date Approved:
promote the fundraising event with its restaurant, in the parking lot, or vicinity	members. All flyers are to be distributed of the restaurant. A check with 20% of	d prior to the event, and un the pre-tax sales amount	I fundraiser event. The organization is responsible to der no circumstance are flyers to be handed out in the will be mailed to the organization listed on the W-9 ng with a copy of form 501(c)(3) if you are a
Restaurant Store Number:			Date:
General Manager's Approval Signature:			Date:
Signature of Officer / Representative of the Corporation having Fundraiser:			
Pre-Tax Sales Total:			