

FUNDRAISING APPLICATION *

ORGANIZATION NAME: _____

CONTACT PERSON: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

BEST # TO CALL? _____ BEST TIME TO CALL? _____ FAX _____

EMAIL ADDRESS _____

DETAILS ABOUT OUR FUNDRAISER:

ESTIMATED START DATE: _____ ESTIMATED COMPLETION DATE: _____

FUNDRAISING GOAL: \$ _____ ADDITIONAL PRIZES ALLOTMENT NEEDED? YES / NO

TOTAL AMOUNT NEEDED FOR PRIZE ALLOTMENT: (UP TO 10% OF GOAL ALLOWED): \$ _____

TOTAL AMOUNT TO BE GENERATED: \$ _____ FUNDRAISER VALUE/CARD SALE PRICE: \$20/CARD

CARDS NEEDED TO REACH FUNDRAISING GOAL: _____ TO COVER PRIZE ALLOTMENT: _____

TOTAL NUMBER OF CARDS REQUESTED: _____ # OF PARTICIPANTS IN GROUP: _____

FUNDRAISING ORGANIZATION'S FEDERAL TAX ID: _____

ARE YOU RECOGNIZED BY THE GOVERNMENT AS A NON-PROFIT ORGANIZATION? YES / NO

COMMENTS: _____

PLEASE SUGGEST A LOCAL BUSINESS SPONSOR:

BUSINESS NAME: _____ OWNER/MANAGER NAME: _____

LOCATION: _____ CITY: _____ STATE: _____

MAIN PHONE: _____ DIRECT PHONE: _____ CELL PHONE: _____

BEST # TO CALL? _____ BEST TIME TO CALL? _____ FAX _____

EMAIL ADDRESS _____

HOW DO YOU KNOW THIS PERSON? _____

**Approval for MyJoeCard.Com's True 100% Fundraiser is based on and subject to availability. Please make application well in advance of your estimated start date to reserve a Sponsor and sufficient MyJoeCards for your Fundraiser.*