## **RESTAURANT DINE & DONATE**



Event Date:				We declired
From:	То:			
Store Address Where Fundra	aiser Will Be Held:			
Organization Name:				
ls this organization recognize	ed 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 Id	dentification 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-Approv	<i>y</i> al:		Date Approved:	
promote the fundraising event with its restaurant, in the parking lot, or vicinity	s agreement must be approved at least members. All flyers are to be distributed y of the restaurant. A check with 20% of current W-9 must be filled out and ser	d prior to the event, and un the pre-tax sales amount	der no circumstance are fly will be mailed to the organ	ers to be handed out in the nization listed on the W-9
Restaurant Store Number:			Date:	
General Manager's Approva	l Signature:		Date:	
Signature of Officer / Repres	sentative of the Corporation hav	ing Fundraiser:		
Pre-Tax Sales Total:				