



GROUP APPLICATION

GROUP OR ORGANIZATION INFORMATION

Group / Organization Name _____

Street Address-City-Zip _____

Date Entered ____/____/____ Tax Exemption Number (If Applicable) _____

CONTACT PERSON (S)

Name _____ Phone (____) _____

Email _____

Name _____ Phone (____) _____

Email _____

Name _____ Phone (____) _____

Email _____

FUNDRAISER SELECTION

_____ Dine For Dollars

Event Date - Sunday (Beginning 3:00 pm) ____/____/____ (TO) Thursday (Ending 9:00 pm) ____/____/____

_____ Gift Card Sales

Number of Gift Cards Requested _____ (\$25.00 Face Value)

Please Make My Groups Raised Funds Payable To _____

My Group Prefers To (Check One) _____ Pick Up Our Donation _____ Have Our Donation Mailed

THOMAS'S INTERNAL USE ONLY...

Redemption Ticket Drawn ____/____/____ Sent ____/____/____ Confirmation ____/____/____

Total Sales Amount \$ _____ Percentage / Donation To Organization \$ _____

Donation Total Amount \$ _____ Funds Requested To Be _____ Picked Up _____ Mailed

Donation Mailed or Picked Up On ____/____/____

