



The Best of Every Season

20601 S. LaGrange Rd. • Frankfort • 815-469-2008
10255 Wicker Ave. (US41) • St. John • 219-365-0882

FUNDRAISER APPLICATION FOR ACCOUNT

About your group/organization:

DATE: _____

FUNDRAISER GROUP NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

EMAIL _____

WEBSITE _____

DESCRIBE GROUP/ORGANIZATION: NON-PROFIT ORGANIZATION CHURCH SCHOOL OTHER _____

DATE GROUP FORMED _____ TAX EXEMPT: YES NO (Tax Exempt # _____)

FUNDRAISER GROUP OFFICER NAMES (Please list names from Board of Directors or other responsible persons within the group)

PRESIDENT _____

TREASURER _____

SECRETARY _____

OTHER _____

About the contact person:

NAME* _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ OTHER NUMBER _____

EMAIL _____

* I confirm that I have entered my own name as contact person, and that I am authorized to conduct business with Alsip Home & Nursery on behalf of my school, church, or organization.

SIGNATURE