

FUNDRAISING REQUEST FORM

We're happy you've selected Tropical Smoothie Café as your FUNraising partner! Please fill out the form below and return to the store to set up a time and date.

Organization Name:

Organization Information (i.e. services, mission, etc.):

Contact Person:

Phone:

E-mail:

Check Payable to:

Address:

FUNraiser Date(s) Requested: (due to time it takes to promote, 2 weeks' notice preferred)

The key to a successful FUNraiser is how well you promote it. Please tell us how your will promote your FUNraiser at Tropical Smoothie Café:

I have read the Tropical Smoothie Café Fundraising Program Information sheet and agree that my organization will follow the guidelines and do our best to promote the FUNraiser in every way we can.

Signature of Organization Representative

Date