



Fundraiser Program Application

Name of Organization or School: _____

Organization Address: _____, MI _____

Organization Phone Number: (____) ____-____

Tax ID Number: _____

Contact Person(s) Name & Phone Number:

_____ | (____) ____-____

Email address: _____

What will the money raised pay for?

We understand that the gift cards must be paid for at the time they are picked up.

_____ *(Initial here)*

Name of person completing form: _____

Signature: _____

Date: ____ / ____ / ____

Thank you for your interest, we look forward to working with your organization!

Please fax to 616.531.7858 -- attn: Linda Baareman

or mail to:

Flowerland, 765 28th Street, Wyoming, MI 49509