



FUNDRAISER APPLICATION

Today's Date: _____

Fundraising Organization: _____

Non-Profit Status: _____ Yes _____ No

Non-Profit Tax ID#: _____

Address: _____

City, State, Zip: _____

Contact Name: _____ Contact Position: _____

Contact Email: _____ Contact Phone: _____

Contact Fax: _____ Preferred Method of Contact: _____

Fundraiser Date: _____ Place: _____

Fundraiser Description: Please provide a brief description of your organization, the name of the program that will be receiving the funds and how the funds will be used:

Agreement terms: Please note that this agreement must be approved at least three (3) weeks before your scheduled fundraiser event. Approval of this agreement is at the sole discretion of Jiffy Lube of Arizona. This agreement may be terminated and/or cancelled on fifteen (15) day's written notice at anytime during the term of this agreement by either party. You must provide a [W-9](#) for your organization. Please note: Tax-exempt 501c groups that do not have a 501c3 status, must submit a letter or relevant documentation providing tax ID status.

The terms above are agreed to and accepted by:

Organization: _____

Representative: _____ Date: _____