



Fundraising Form

DATE:

Organization Name:

Contact Name:

Person of contact Information (phone number and/or Email address):

Tax ID:

Desired date of fundraiser (*excludes Fridays, Saturdays, Sundays*):

Store location for fundraiser:

Desired fundraiser option (Option 1: 10% of entire day's sales, or Option 2: 20% of gross sales from the total group of individuals that mention coming in for the fundraiser on that day):

Name and Signature of Contact:

Printed name please _____

Signature _____

Honu Office use Only ↴

Approved by (name and signature):

Total amount raised for Organization:

Additional notes:
