



Fundraising Program Application

ORGANIZATION NAME _____

CONTACT NAME _____

ORGANIZATION ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTACT EMAIL ADDRESS _____ PHONE # (WITH AREA CODE) _____

SHIPPING ADDRESS _____ CITY _____ STATE _____ ZIP _____

TARGET START DATE _____ TARGET END DATE _____

GROUP SIZE _____ TARGET GOAL \$ _____

BROCHURE ONLINE

PROGRAM TYPE _____

PROGRAM AUTHORIZATION

AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____

AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____

We are required to confirm your tax exempt status, and can extend these program advantages only to organizations that meet the educational, medical, cultural, and humanitarian goals of nonprofit agency.

NAME OF NONPROFIT ORGANIZATION _____ TAX-EXEMPT NUMBER _____

If applicable in your state, check the box below and attach documentation on your tax-exempt status.
 I certify that the purchase from Popcornopolis Fundraising, by the above-named organization, is exempt from sales tax.

CONTACT PERSON _____ PHONE # (WITH AREA CODE) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Briefly describe what the funds will be used for (optional): _____

YOUR SIGNATURE _____ DATE _____

Thank you for your application!

4 Ways to Submit Your Application:

VISIT: popcornopolis.com/fundraising

MAIL TO: Popcornopolis Fundraising, 3200 E. Slauson Ave., Vernon, CA 90058

FAX TO: (844) 830-2265 **EMAIL TO:** fundraising@popcornopolis.com