



PARADISE FUNDRAISING REQUEST FORM

We are honored that you have selected Paradise Cookies and Ice Cream as your fundraising partner! Please fill out the form below and email it back to us at info@theparadisetruck.com. Organizations making a request must be a school or non-profit and supply a tax exempt letter and/or number with your application.

Today's Date: _____ Percentage of Gross Sales to be Donated _____

Organization Name: _____ Non-Profit Tax Exempt ID# _____

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

Contact Person: _____ Phone: _____

Day of Event Contact Phone Number: _____ E-mail: _____

Check Payable to: _____

Address: _____

How did you hear about our fundraising program? _____

Frequency: _____ 1-Time _____ On-going Approximate Number of People Expected: _____

Fundraiser Date(s) Requested: _____

Fundraiser Location Address: _____

Start Time: _____ End Time: _____

Brief Description

Will other food be sold at the fundraiser event? _____ If so, what kind of food will be sold?

Will other food trucks be in attendance? _____ If so, please list them below

The key to a successful fundraiser is how well you promote it. Please tell us how you will promote your fundraiser. _____

This submission is only a request for an event. A representative will contact you upon receipt. No guarantees or warranties of any kind are made by either party as to the success of the event. It is the responsibility of the organization to maintain the integrity and promotion of the event. Due to operation costs that we incur, should a fundraiser event yield poor attendance and low sales, a forfeiture of any funds raised may occur.

Signature of Organization Representative

Date

For Office Use Only	
Date Received: _____	Approved: _____ Declined: _____ Donation % _____ Sales from Event: _____
Amount Donated: _____	Check Delivered Date: _____ Check# _____ Processed By: _____