

# We'll Pay You To Dine With Us.

Is your non-profit organization, school, sports team, club, church, or other community organization looking to raise money? We have a great program designed just for you. **Steve's Pizza** Charitable Donation Program.

When your supporters dine at **Steve's Pizza** (their choice of dine-in, take-out, or delivery) and present your organization's designated Fundraiser Flyer on the scheduled date and time, 20% of their purchase (excluding alcohol and tax) will be donated back to your organization.

## Fundraiser Agreement

**Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date I would like to hold my fundraiser:** (Must be set 30-45 days in advance, Sun.-Thurs.) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Activity of Organization:** (Example: School Debate Club) \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Daytime Phone #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Evening Phone #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address for check:** (if different from above)

**Check made payable to:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Organization's Tax ID Number or Charitable Tax Exempt Number (Required):** \_\_\_\_\_

I understand that by returning this form to **Steve's Pizza** I am requesting that someone contact me to discuss the opportunity. I further understand that by returning this form **Steve's Pizza** is under no obligation to hold the fundraiser. The above organization will promote this Fundraiser event and by signing this agreement, I understand that all Fundraiser Flyers are to be distributed in advance. The organization I represent will not circulate flyers on the premises, parking lot, or vicinity of the restaurant. Doing so will result in the immediate cancellation of the event. I grant permission to Original Steve's to use my organization's name and donation amount from the above event in response to media inquiries. A check will be mailed to the organization within 2-4 weeks after the event.

**Signature of Organization Representative:** \_\_\_\_\_

**Agreed and Accepted on this date of:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Return this completed form to the manager of the restaurant and we will e-mail you a copy of our logo to use on your flyers. E-Mail address \_\_\_\_\_

### For Store Use Only:

G.M. Approved?  Y  N

\_\_\_\_\_  
Signature of Gen. Mgr.