

Fundraiser Program Application

Name of Organization or School _____

Organization Address _____

_____, MI _____

Organization Phone Number (_____) _____ - _____

Tax ID Number _____

Contact Person(s) Name and Phone Number

Email address: _____

What will the money raised pay for? _____

At which of our locations would you like to pick up your gift cards?

Rochester

Clarkston

Grand Blanc

Brighton

We understand that the gift cards must be paid for at the time they are picked up. _____

Initial here

Name of person completing form _____

Signature _____ Date _____

Thank you for your interest, we look forward to working with your organization!

Please fax to 248.651.9009 attn: Karen Lee

or

mail to:

Bordine Nursery, 1835 S. Rochester Rd, Rochester Hills, MI 48307