



FUNDRAISER APPLICATION

Please complete this application in its entirety and drop it off at our store or email to : info@twistedcultures.com

Terms: We will donate a standard 20% of net proceeds to your organization. The total donation amount is based solely on customers generated by your organization, so be sure to advertise your event!

CHOOSE DATE AND TIME

Requested Date of Event _____
Start and End Times _____ until _____

ABOUT YOUR ORGANIZATION

Organization Name _____
Tax Payer ID _____ - _____
Describe Your Organization _____

CONTACT INFORMATION

Contact Name _____
Phone Number _____
Email Address _____ + _____

PAYMENT

Make Check Payable To _____

SIGNATURE OF AGREEMENT

Your signature below constitutes you understand and agree to the terms of our fundraising program.

X _____ Date _____