

Granny's Kountry Candles, LLC 15665 CR 11-1 Lyons, OH

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FUNDRAISER APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN IT TO US AS SOON AS YOUR GROUP'S PLANS HAVE BEEN FINALIZED.

Group Contact Person: _____ Daytime Phone: _____

Email: _____ Evening Phone: _____

Number of order forms requested: _____

Beginning date of Fundraiser: _____

Ending date of Fundraiser: _____

Shipping/Contact Information:

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Your organization's name: _____

Your Fundraiser order is to be shipped to:

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Comments:

Non-Profit ID#: _____ (A copy of this form must be attached)

Signature of Group Contact Person _____