



2755 Penfield Rd., Fairport, NY 14450

Phone (585) 377-9810

FAX (585) 377-2274 (please call to confirm FAX)

### Fundraising Account Application

Country Way Garden Center’s fundraising programs are designed to assist nonprofit organizations and groups. It reflects our commitment in supporting these group’s efforts in our community. Groups must fill out this Fundraising Account Application to request approval for our fundraisers. The following guidelines will be used to define and qualify a nonprofit group for fundraising opportunities: (note-we reserve the right to deny any request that does not align with our company ethics and standards of conduct.)

**Educational group-** a school or a sanctioned school-related group (ex. academic or sports clubs or team, band club, booster clubs, memorials, libraries, scholarship funds, etc.)

**Religious group-** funds raised will be used to support nonprofit church activities or church-related groups or ministries, church schools, memorials, care ministries, etc.

**Benevolent/Charitable/non-profit group-**funds raised will be used for benevolent/charitable cause. (ex. Rotary Club, group homes, hospice, 5K runs, Special Olympics etc)

**Community group-**funds raised will be used for community-based projects/activities, which are educational, charitable, recreational or in some way benefit the community and not for individual gain. (Ex. Girl/Boy Scouts, camps for kids, animal shelter, volunteer firefighters, garden clubs, etc)

**NOTE:** our fundraisers are not intended to provide discounted/wholesale pricing to individuals or groups wishing to use our fundraisers for personal gain or business profit.

**Complete the information below and return it to us, to request approval for a Fundraising Account.**

#### Group’s Information

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Office phone #: \_\_\_\_\_ Office FAX #: \_\_\_\_\_

Purpose of Fundraiser: \_\_\_\_\_

Fed Tax ID # \_\_\_\_\_

#### Contact’s Information

Contact person’s name: \_\_\_\_\_ Title/affiliation/role: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

**I certify that I represent the above named organization and that the proceeds from fundraising with Country Way Garden Center’s fundraising opportunities will be used by the above organization and for the above purpose and not for individual gain or profit by me or anyone I know.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note regarding Fundraising Gift Cards-**they CANNOT be used to pay for previous purchases, are not redeemable for cash, will not be replaced if lost or stolen and must be paid for at the time of pick-up. (see Gift Card program sheets for more info.)

**This part to filled in by Country Way Garden Center:**

Date received: \_\_\_\_\_ Account is: \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Initials \_\_\_\_\_