



Fundraising Program Application

Please complete and return form to Thomsens by fax or mail.
Fax: 320-363-4692 or Mail: 29754 156th Ave. St Joseph 56374

Organization Information

Organization Name: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Purpose of Fundraiser _____

Federal Tax ID: _____

Contact Information

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

I certify that I am authorized to represent the above named organization and that proceeds will be used for the purposes stated above.

Signature: _____ **Date:** _____

Requesting organization must qualify as a non-profit organization.

Thomsens reserves the right to deny any application which is not deemed to be a qualifying non-profit.