



Fundraising Program Application

ORGANIZATION NAME			
CONTACT NAME			
ORGANIZATION ADDRESS	CITY	STATE	ZIP
CONTACT EMAIL ADDRESS	PHONE # (WITH AREA CODE)		
SHIPPING ADDRESS	CITY	STATE	ZIP

TARGET START DATE	TARGET END DATE
GROUP SIZE	TARGET GOAL \$

PROGRAM AUTHORIZATION

AUTHORIZED SIGNATURE	TITLE	DATE
AUTHORIZED SIGNATURE	TITLE	DATE

We are required to confirm your tax exempt status, and can extend these program advantages only to organizations that meet the educational, medical, cultural, and humanitarian goals of nonprofit agency.

NAME OF NONPROFIT ORGANIZATION	TAX-EXEMPT NUMBER
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If applicable in your state, check the box below and attach documentation on your tax-exempt status.

I certify that the purchase from Popcornopolis Fundraising, by the above-named organization, is exempt from sales tax.

CONTACT PERSON	PHONE # (WITH AREA CODE)		
ADDRESS	CITY	STATE	ZIP
Briefly describe what the funds will be used for (optional):			
YOUR SIGNATURE	DATE	Thank you for your application!	

4 Ways to Submit Your Application:

APPLY ONLINE AT: popcornopolis.com/fundraising

MAIL TO: Popcornopolis Fundraising, 3200 E. Slauson Ave., Vernon, CA 90058

FAX TO: (844) 830-2265 **SCAN AND EMAIL TO:** fundraising@popcornopolis.com