COFFEE FELLOWS

COMMUNITY DAY FORM

Email completed forms to info@coffeefellows.com.

CONTACT INFORMATION:

Cause/Organization: _____

Email Address: _____ Point of Contact: _____

Phone Number: _____ School Address: _____

DESIRED DATES & LOCATION:

Please check your preferred location:

[ ] Katy [ ] Bellaire [ ] Energy Corridor [ ] Katy Mills

Please provide your preferred dates for hosting a School Spirit Night:

1. First Choice Date: _____
2. Second Choice Date: _____
3. Third Choice Date: _____

BENEFITS: 100% of all sales associated with your code will go to your cause! *(max. donation $150)*

TAX INFORMATION: Please provide your tax information for record-keeping:

Tax ID: _____ Nonprofit Status (if applicable): _____

PAYMENT INFORMATION: Please select your preferred method of payment.

[ ] Check (Please provide mailing address if different from the school address):

[ ] Bank Transfer (If selected, please provide banking details below):

Bank Name: _____ Account Name: _____

Account Number: _____ Routing Number: _____

INTERNAL USE ONLY:

Store Internal Code: _____

Prepared By: _____

Approved By: _____