



Squeeze Burger

"Best Burgers in Town"

"Burgers for a Cause" Fundraiser Application

Organization Name:
Organization Address:
Contact Person:
Phone #:
Contact Email:
Proposed Date of Event:
Federal Tax ID#:
Check Payable to:
Mail check attention to:
Mailing Address:
Form W-9 attached & signed: YES NO
Estimated # of flyers distributed:

Submit this form for consideration to the Squeeze Burger Manager.

For Office Use Only

Date Received:	Approved By:	Flyer sent:	Sales from Event:
Check Date:	Check #:	Check Amount:	