



FUNDRAISER APPLICATION & AGREEMENT

Organization Name: _____

Organization Address: _____

Organization Phone: _____

Organization Email: _____

Organization Website: _____

Organization Tax Identification Number: _____

Primary Contact: _____

Primary Contact Phone: _____

Primary Contact Email: _____

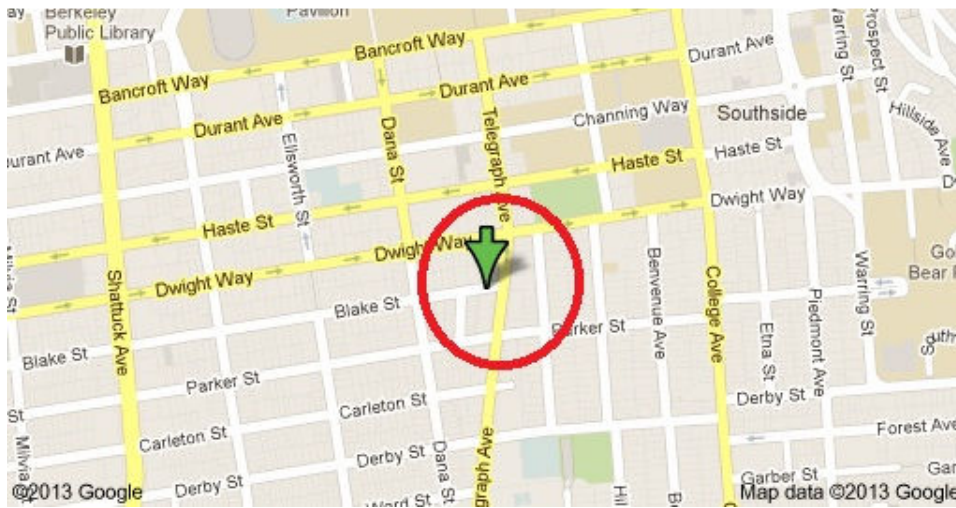
Proposed Date(s) for Fundraiser: _____

May include up to 15 days, Monday through Thursday with a one month maximum between the proposed start and end dates.

Proposed Flyer for Fundraiser: *Please attach*

By signing this form, the above named organization:

1. Certifies that it is a registered 501(c) non profit or a charitable school organization.
2. Agrees to submit a sample flyer for prior approval to Pasta Bene with the understanding that Pasta Bene reserves sole discretion to approve the fundraiser and the flyer.
3. Agrees to not distribute the flyer inside of Pasta Bene or close to Pasta Bene inside the red zone:



4. Agrees to not distribute the flyer after the approved fundraising dates below or prior to receiving Pasta Bene’s approval as evidenced by its signature below or email confirmation.
5. Agrees to the restrictions to be included on the flyer:
*This coupon may not be combined with any special offers, discounts or promotions.
 One flyer per diner or per multiple diners paying together required.
 Catering excluded.*

Authorized Signature: _____

Print Name: _____ Date: _____

PASTA BENE APPROVAL

Approved Dates: _____

Authorized Signature: _____

Print Name: _____ Date: _____