LET US HELP YOU WITH YOUR FUNDRAISING EFFORTS!

My Grandma’s of New England ® Coffee Cake fundraising program and pricing structures are designed to assist nonprofit organizations and groups. The pricing structure reflects My Grandma’s commitment to helping our community and is not designed to provide wholesale pricing to individuals or groups using our product for personal or corporate profit. In order to receive fundraising pricing, an organization must qualify as a nonprofit organization as defined in one of the following ways:

**Educational** — funds are being used to support a school or school related organization (i.e. band, club, student or parent group associated with a school or educational institution.)

**Religious** — funds are being used to support a non-profit church activity or church related organizations such as youth groups within the church.

**Charitable** — funds are being used to support a charitable organization or benevolent cause.

**Community** — funds are being used to support a community- based activity devoted exclusively to charitable, educational, or recreational purposes and not for individual gain.

**Non-Profit Organizations** — funds are being used to support an organization or foundation whose cause or effort has been granted IRS 501(c)(3) tax-exempt status.

**PLEASE NOTE:** Due to high seasonal sales volume, fundraising support and services provided by My Grandma’s may be suspended from 31 October through 10 January of each year. We request that you confirm your fundraising dates as soon as possible. My Grandma’s reserves the right to disapprove fundraising applications and refuse service, at our sole discretion, to any customer who does not meet our fundraising guidelines or criteria.

Fundraising minimum order is 48 cakes.
My Grandma’s of New England ® Fundraising Application

Organizational Information

Organization Name:
____________________________________________________

Organization Address:
________________________________________________________
City:______________________________________________State:_________
Zip: ___________

Office Phone#: ____________________________________
Fax#: __________________________

Purpose of Fundraiser:
______________________________________________________

Fundraiser Start Date:____________________________
Fundraiser End Date:____________________________

Organization Federal Tax ID Number / Tax-Exempt Status Identification
Number _________________________

Contact Information

Name:____________________________________
Affiliation: _________________________

Address:
_______________________________________________________________
City: _________________________________ State:_______Zip: __________
Phone Number (please indicate Home, Office or Cell):
____________________________________________

E-mail Address:
_____________________________________________________________

I certify that I represent the above named organization and proceeds from the sale of My Grandma's Coffee Cake Fundraising Products purchased by this organization will be used for the purpose stated above and not for individual gain or profit.

Signature:________________________________________ Date:
_____________________________________________

My Grandma's USE ONLY

Date Application Received:________________________

Approved By:____________________________________

Date Brochures Sent:__________________________
Number:_____________________________________

Number of Cakes Ordered:________________________
Expected Delivery Date:________________________

Mode of Delivery:__________________________________