

The Tea Farm Benefit Fund-raising Program

Application Form



Name of Organization _____

of Gift Cards Ordered (100 minimum) _____

Organization Contact Phone # _____ # of Members _____

How did you hear about our benefit fund-raising program? _____

Previous Fund-Raisers _____ Date Completed _____ Amount Raised \$ _____

Contract Signers (Two Names Required)

Applicant #1

Name _____

Email Address _____

Business Phone _____ Home Phone _____ Cell Phone _____

Employer _____

Home Address _____

City _____ Zip Code _____

Applicant #2

Name _____

Email Address _____

Business Phone _____ Home Phone _____ Cell Phone _____

Employer _____

Home Address _____

City _____ Zip Code _____

We hereby give The Tea Farm Café, Inc. the right to verify the above information. Please sign and date below.

Signature- Applicant #1 _____ Date _____

Signature- Applicant #2 _____ Date _____

Please complete and email form to café@theteafarm.com or fax to 808-946-4304

Date Application Received: _____

Sales Approved By: _____

Down Payment Required: _____

of Gift Cards Issued: _____

Fund Raiser End Date: _____

Progress Payment

Amount: \$ _____

Due Date: _____

Gift Card Reorder

Amount: \$ _____

Ordered By: _____

Down Payment Required: _____

Approved By: _____

Date of Approval: _____

Record of Previous Benefits Sales

(if any)

Date	Ordered	Sold	Payment Received

Gift Cards Pickup Date: _____

Final Payment Due Date: _____

Note: