
**LaDarrins Fragrances
Fundraising Request Form**

Please fill out this form and send email to ladarrins@aol.com along with the required documents as per LaDarrins Fragrances fundraising application policy.

Application Request Date: ____/____/____

Organization Name: _____ **Tax Id/ EIN** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone No: (____) _____ **Fax** (____) _____

Email: _____ **Website:** _____

Type of Organization: _____
(School/Church/Youth Group)

Do you have a 501c3 tax exempt status with the Internal Revenue Service? _____

About Organization: _____

How long has the organization been in existence? _____

What is the purpose of your fundraiser? _____

What are the date(s) of the fundraising event? _____

How is the organization going to use this fund? _____

What type of fundraisers has your organization done in the past? _____

Contact person for your organization: _____

Position/Title: _____

Telephone: () _____ **Fax:** () _____

Email address: _____

List the banking institute your organization uses: _____

How long have you been banking there? _____

Who is the project coordinator? _____

Telephone () _____ **Fax:** () _____

Email address: _____

Please list (3) references that we can verify

1. _____ **Phone** () _____

2. _____ **Phone** () _____

3. _____ **Phone** () _____

In case of violation of any of the fundraising policies and procedures, approval granted under this application will be terminated immediately, at the sole discretion of LaDarrins Fragrances Executive Committee.

I have read and accepted LaDarrins Fragrances Fund raising policies and procedures.

Name of organization Representative

Current Position

Signature

Date