

# UnCommon Pizza Application and Check Request Form

Please fill out the application and check request form and bring it with you to the event along with the W-9 form.

Organization Name \_\_\_\_\_

Email Address \_\_\_\_\_

Organization Mailing Address: \_\_\_\_\_

Organization City, State & Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Event Description: \_\_\_\_\_

Organization's 9 digit Tax ID Number: \_\_\_\_\_

Event Day & Date \_\_\_\_\_ Event Hours \_\_\_\_\_

UnCommon Pizza agrees to donate 15% of the total net sales from purchases made by supporters of your organization when they mention your organization that is listed above during your designated event. No coupons, discounts or other offers are valid during your fundraising event.

Signature: Organization Representative Signature: \_\_\_\_\_

Print Organization Name \_\_\_\_\_ Date \_\_\_\_\_

Restaurant General Manager Signature \_\_\_\_\_

Print General Manager Name \_\_\_\_\_ Date \_\_\_\_\_

## CHECK REQUEST INFORMATION (bring this form and W-9 to the event)

Please issue check to: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Total Check Amount: \$ \_\_\_\_\_ Requested By: \_\_\_\_\_

Approved By: \_\_\_\_\_