



HELPING HANDS PROGRAM

Non-Profit Organization Registration Form

ORGANIZATION INFORMATION

Organization Name:

Contact Person & Title:

Tax Exemption Number:

Business Address:

City:

State:

Zip:

Phone:

Fax:

E-mail Address:

Cell:

How do plan on promoting Helping Hands & Spreading the Word?

Web Address: (We will set up a link to your website)

Checks to be made payable to:

ABOUT HELPING HANDS

Coast to Coast Flowers Helping Hands Program is designed to help non-profit organizations. Coast to Coast Flowers and Gifts will donate **5%** of the total transaction each time an order is placed and the organization and program are mentioned. In return, the organization listed above agrees to promote and help market the Helping Hands program as often as possible by notifying its members on a regular basis about the programs and the benefits received.

Coast to Coast Flowers & Gifts reserve the right to change or terminate this program at any time without notice.

This program is only valid for tax exempt, non-profit organizations, schools and churches.

Absolutely no commitment or obligation is required of the organization receiving the donated proceeds, however, if the organization ceases operations or changes non-profit status, it must notify Coast to Coast Flowers & Gifts immediately and the program eligibility will be terminated.

SIGNATURE

I represent the above non-profit organization. I certify the above information to be correct, and have read and understand the above information.

Printed Name:

Title:

Signature:

Date:

Fax to: 1-941-308-3119

Or Mail to: ATTN: Terri Schubel

Coast to Coast Flowers & Gifts: 6981 Curtiss Ave., Suite 8, Sarasota, FL 34231

Tel: 1-941-308-3136

Revised 9-9-08

FOR OFFICE USE ONLY

Request: Approved Denied

By: _____ Date: _____

Notes: