



# APPLICATION FORM

## QUALIFICATION REQUIREMENTS

Krispy Kreme Fundraising programs and pricing structures are designed to assist nonprofit organizations and groups only. These programs reflect Krispy Kreme’s commitment to help our communities raise needed funds by offering our products at a discount. The products purchased are for re-sale only. **This program is not designed to provide discount pricing to individuals or groups who do not meet the qualifications listed below. Advanced order pricing is available for such purposes.** 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 non-profit religious activity or related organizations such as affiliated youth groups.
- CHARITABLE:** Funds are being used to support a charitable organization or benevolent cause.
- COMMUNITY:** Funds are being used to support community based activities devoted exclusively to charitable, educational, or recreational purposes and not for individual gain.

Complete information below and return to your Krispy Kreme store manager prior to beginning your fundraising sale. Additional information may be necessary to accommodate individual market requirements. Program options and availability varies by market.

### ORGANIZATION INFORMATION

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

Organization Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

Purpose of fundraiser \_\_\_\_\_

Proposed date of fundraiser \_\_\_\_\_

Organization Tax ID # \_\_\_\_\_  
(Required only if the organization is exempt from sales tax in this state. Not required to receive fundraising pricing.)

### CONTACT INFORMATION (Person in charge or responsible for fundraiser)

Name \_\_\_\_\_ Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Office # \_\_\_\_\_

E-mail \_\_\_\_\_

**I certify that I represent the above named organization and that the proceeds from the re-sale of Krispy Kreme Fundraising products purchased by this organization will be used for the purpose stated above and not for individual gain or profit.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### THIS PORTION IS TO BE FILLED OUT BY KRISPY KREME STORE MANAGER

Date received by Krispy Kreme \_\_\_\_\_ Store # \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Manager’s signature \_\_\_\_\_