



Application Form

Qualifying Requirements

Krispy Kreme Fund Raising programs and pricing structures are designed to assist nonprofit organizations and groups. The pricing structure reflects Krispy Kreme's commitment to helping our community and **is not designed to provide wholesale pricing to individuals or groups using our product for personal or corporate profit.** 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 a non-profit church activities or church related organizations such as youth groups within the church.
- **Charitable** ... funds are being used to support a charitable organization or benevolent cause.
- **Community** ... funds are being used to support a community based activities devoted exclusively to charitable, educational, or recreational purposes and not for individual gain.

Complete information below and return to your local 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 #: _____

Purpose of fund-raiser: _____

Organization Federal Tax ID #: _____

Contact Information

Name: _____ Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Home/Office# (please circle): _____

E-mail Address: _____

I certify that I represent the above named organization and proceeds from the 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: _____ Partnership Card Serial #'s (when applicable): _____