



FUNDRAISER APPLICATION

Organization Name _____

Contact Person _____ Phone _____

Address _____

City, State & Zip _____

Email _____

Desired date (s) _____

Please print where to send fundraiser check: (In box)

I have received the Lexington Gardens fundraiser program guidelines, have read them and agree to abide by them. All advertising materials must be submitted for review prior to using material for the promotion of your organizations fundraiser.

Signature _____ Date _____