



HELPING HANDS PROGRAM

Non-Profit Organization Registration Form

ORGANIZATION INFORMATION

Organization Name:			
Business Address:		City:	State: Zip:
Phone:	Fax:	E-mail Address:	
Checks to be made payable to:			
How many Contribution Cards do you need?		Web Address: (We will set up a link to your website)	
Contact Person:		Title:	

ABOUT HELPING HANDS

The Phoenix Flower Shops *Helping Hands* program was designed as a way for Phoenix Flower Shops to continuously give something back to our community all year long. When a customer places an order on-line at www.phoenixflowershops.com, they can select one of our participating organizations to receive a contribution from Phoenix Flower Shops.

The organization listed above would like to participate in the Phoenix Flower Shops *Helping Hands* program and agrees to promote and help market the *Helping Hands* program as often as possible by notifying its members on a regular basis about the program.

If the organization listed above ceases operations or changes non-profit status, it must notify Phoenix Flower Shops immediately and program eligibility will be terminated.

This program is only valid for tax exempt, non-profit organizations, schools and churches. Phoenix Flower Shops reserves the right to change or terminate this program at any time without notice. In addition, Phoenix Flower Shops reserves the right to terminate or suspend an individual organization's participation at any time.

SIGNATURE

I represent the above non-profit organization.

Additionally, I certify the above information to be correct, and have read and understand the above information.

Printed Name:	Title:
Signature:	Date:

Return Completed Form To:

Phoenix Flower Shops Helping Hands Program
5733 East Thomas Road – Suite 4, Scottsdale, AZ 85251
Fax: 480-970-4338

Revised 12-15-08

FOR OFFICE USE ONLY

Request: Approved Denied By: _____ Date: _____

Notes: