



## Non-Profit Organization Registration Form

### ORGANIZATION INFORMATION

Organization Name:

Business Address:

City:

State:

Zip:

Phone:

Fax:

E-mail Address:

Checks to be made out to:

Special Instructions.

Contact Person:

Title:

### ABOUT HELPING HANDS

Four Seasons Florist Growing Together Program is designed to help non-profit organizations. We will donate two dollars each time an order is placed and the organization and program are mentioned.

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

Four Seasons Florist reserves the right to change or terminate this program at any time without notice.

Absolutely no commitment or obligation is required of the organization receiving the donated proceeds, however, if the organization ceases operations or changes it's non-profit status, it must notify Four Seasons Florist 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 form to: 260.432.9588**

**Or**

**Mail to: Four Seasons Flowers 5948 W. Jefferson Blvd., Fort Wayne, IN 46804**

**Tel: 800.288.2317**

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