



Non-Profit Organization Qualification Form

Organization Name _____

Address _____

City _____ State _____ Zip _____

Organization Phone _____

E-mail Address _____

Pierre's Sweet Rewards Coordinator _____

Coordinator's Affiliation to Organization _____

Coordinator's Phone (if different than organization's) _____

Please provide a brief description of the project and whom it is benefiting:

Executive Director Name _____

Executive Director's Signature _____

Coordinator's Signature _____

Please provide 501 (c)(3) number _____

Please mail this form, along with the following

1. Copy of your organization's 501 (c)(3) or
2. Letter on your organization's letterhead with the signature of the Executive Director stating purpose of fundraising program.

Return to:

Pierre's French Ice Cream Company
Attn: Sweet Rewards Program
6200 Euclid Ave.
Cleveland, OH 44103