

School (PTA) Qualification Form



School Name _____

Address _____

City _____ State _____ Zip _____

School Phone _____

E-mail Address _____

Pierre's Sweet Rewards Coordinator _____

Coordinator's Affiliation to School _____

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

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

Principal Name _____

Principal'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 Principal or Superintendent stating purpose of fundraising program.

Return to:

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