



GROWING TOGETHER 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

Mancuso's Florist Helping Hands Program is designed to help non-profit organizations. Mancuso's Florist will donate 5% of the total transaction each time an order is placed and the organization and program are mentioned. In return, the organization listed above agrees to promote and help market the Growing Together program as often as possible by notifying its members on a regular basis about the programs and the benefits received.

Mancuso's Florist reserves the right to change or terminate this program at any time without notice.

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

Absolutely no commitment or obligation is required of the organization receiving the donated proceeds, however, if the organization ceases operations or changes non-profit status, it must notify Mancuso's 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 to: (586) 777-5682
Or Mail to: ATTN: Frank Mancuso, Sr.
Mancuso's Florist, Inc., 24440 Harper Avenue, St. Clair Shores, MI 48080
Tel: (586) 777-5600 • 1-800-MANCUSO • www.mancusos.com

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FOR OFFICE USE ONLY

Request: Approved Denied By: _____ Date: _____

Notes:

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