



LET US HELP YOU WITH YOUR FUNDRAISING EFFORTS!

My Grandma's of New England® Coffee Cake fundraising program and pricing structures are designed to assist nonprofit organizations and groups. The pricing structure reflects My Grandma's commitment to helping our community and is not designed to provide wholesale pricing to individuals or groups using our product for personal or corporate profit. In order to receive fundraising pricing, an organization must qualify as a nonprofit organization as defined in one of the following ways:

Educational — funds are being used to support a school or school related organization (i.e. band, club, student or parent group associated with a school or educational institution.)

Religious — funds are being used to support a non-profit church activity or church related organizations such as youth groups within the church.

Charitable — funds are being used to support a charitable organization or benevolent cause.

Community — funds are being used to support a community- based activity devoted exclusively to charitable, educational, or recreational purposes and not for individual gain.

Non-Profit Organizations — funds are being used to support an organization or foundation whose cause or effort has been granted IRS 501(c) (3) tax-exempt status.

PLEASE NOTE: We request that you confirm your fundraising dates as soon as possible. My Grandma's reserves the right to disapprove fundraising applications and refuse service, at our sole discretion, to any customer who does not meet our fundraising guidelines or criteria.

Fundraising minimum order is 48 cakes.

Before being shipped or picked up at our bakery, cakes will be freshness dated to show a 14 day shelf life.

**Please return the completed bottom portion of this form via fax to 617-364-0505
or mail to Fundraising Coordinator, MGNE, 1636 Hyde Park Ave, Boston, MA 02136
or scan and email to customerservice@mygrandma.com.**

My Grandma's of New England® Fundraising Application

Your Organizational Information

Organization Name: _____

Organization Point of Contact: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Fax#: _____

Purpose of Fundraiser: _____

Fundraiser Start Date: _____

Fundraiser End Date: _____

Organization Federal Tax ID Number / Tax-Exempt Status Identification Number _____

How did you hear about us? _____

Fundraising Point of Contact Information

Name: _____

Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number (please indicate Home, Office or Cell): _____

E-mail Address: _____

I certify that I represent the above named organization and proceeds from the sale of My Grandma's Coffee Cake Fundraising Products purchased by this organization will be used for the purpose stated above and not for individual gain or profit.

Signature: _____ Date: _____

My Grandma's USE ONLY

Date Application Received: _____ Approved By: _____

Date Brochures Sent: _____ Number: _____

Number of Cakes Ordered: _____ Expected Delivery Date: _____

Method of Delivery: _____