



Fundraiser Program Application

Name of Organization or School _____

Organization Address _____

_____ MI _____

Organization Phone Number (_____) _____ - _____ Tax ID # _____

Contact Person(s) Name and Phone Number: _____

Email address: _____

What will the money raised pay for? _____

At which of our locations would you like to pick up your gift cards?

Rochester Clarkston Grand Blanc Brighton Delivered

We understand that the gift cards must be paid for at the time they are picked up _____
Initial here

If cards are to be delivered, I understand that I will need to have a credit card number on file and it will automatically be billed for the full cost at the time of my order. _____
Initial here

Name of person completing form _____

Signature _____ Date _____

Thank you for your interest, we look forward to working with your organization.
Please fax to 248.651.9009: ATTN: Fundraiser Coordination Department
Or mail to: Bordine's, 1835 S. Rochester Rd, Rochester Hills, MI 48307
Any questions? Contact the Fundraiser Coordination Department at 248.651.9000 ext 1013