



HELPING HANDS PROGRAM

Non-Profit Organization Registration Form

ORGANIZATION INFORMATION			
Organization Name:			
Business Address:		City:	State: Zip:
Phone:	Fax:	E-mail Address:	
Checks to be made out to:			
Special Instructions.			
Contact Person:		Title:	
ABOUT HELPING HANDS			
<p>Phoebe Floral Helping Hands Program is designed to help non-profit organizations. Phoebe Floral will donate two dollars each time an order is placed and the organization and program are mentioned.</p> <p>This program is only valid for tax exempt, non-profit organizations, schools and churches. Phoebe Floral reserves the right to change or terminate this program at any time without notice.</p> <p>Absolutely no commitment or obligation is required of the organization receiving the donated proceeds, however, if the organization ceases operations or changes it's non-profit status, it must notify Phoebe Floral immediately and the program eligibility will be terminated.</p>			
SIGNATURE			
<p>I represent the above non-profit organization. I certify the above information to be correct, and have read and understand the above information.</p>			
Printed Name:		Title:	
Signature:			Date:
<p style="text-align: center;">Fax form to: (610)434-9587 or (800)231-6854 Or Mail to: Phoebe Floral 2102 W. Hamilton Street, Allentown, PA 18104 Tel: (800)231-6854</p>			
			Revised 11-05-02