

Wojo's FUNdraiser Application

Name of organization _____

Address of organization _____

City/Zip _____

Contact person _____ Phone _____ Fax _____

E-mail _____

Send payment to: _____

City/Zip _____

I have received a copy of the Wojo's FUNdraiser guidelines, and agree to provide all advertising materials to Wojo's for review prior to distribution.

Signature _____ Date _____