



Corner Bakery/WKS Fundraising Program

ORGANIZATION NAME:	
ORGANIZATION ADDRESS:	
CONTACT PERSON:	
PHONE NUMBER:	
PROPOSED DATE & TIME OF EVENT:	
FEDERAL TAX ID NUMBER:	
CHECK PAYABLE TO:	
MAIL CHECK ATTENTION TO:	
MAILING ADDRESS:	
W-9 FORM ATTACHED & SIGNED:	YES NO

Submit this form to the person that referred you to the program (i.e. store manager, WKS Corporate Officer, etc.) or to Charlene Lopez directly via fax or email (FAX: 562-425-2502, EMAIL: charlene@wkscorp.biz).

FOR OFFICE USE ONLY

Date Received:	Approved By:	Check Date:
Check Mailed/Delivered Date:	Sales from Event:	