



## El Pollo Loco/WKS Fundraising Application

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<b>ORGANIZATION NAME:</b>	
<b>ORGANIZATION ADDRESS:</b>	
<b>CONTACT PERSON:</b>	
<b>PHONE NUMBER:</b>	
<b>PROPOSED DATE &amp; TIME OF EVENT:</b>	
<b>FEDERAL TAX ID NUMBER:</b>	
<b>CHECK PAYABLE TO:</b>	
<b>MAIL CHECK ATTENTION TO:</b>	
<b>MAILING ADDRESS:</b>	
<b>W-9 FORM ATTACHED &amp; SIGNED:</b>	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).**

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**FOR OFFICE USE ONLY**

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