



QUALIFICATION FORM

Organization Name _____

Head of Organization (Executive Director/School Principal/Pastor) _____

Address _____

City _____ State _____ Zip _____

Phone _____

Pierre's Sweet Rewards Coordinator for Organization _____

Coordinator's Affiliation to Organization _____

Coordinator's Phone (if different than organization's) _____

Coordinator's E-mail Address _____

Brief description of the project and whom it is benefiting:

Head of Organization's Signature _____

Pierre's Sweet Rewards Coordinator's Signature _____

501(c)(3) Number _____

Please mail this form, along with the following:

1. Copy of your organization's 501(c)(3) or
2. Letter on your organization's letterhead with the Head of the Organization's signature stating the purpose of the fundraising program.

Return to:

Pierre's Ice Cream Company
Attn: Sweet Rewards Program
6200 Euclid Avenue
Cleveland, OH 44103-3724