

**For Office Use:**

Account#

Account SetUp Date:

# of Apps Req/Date:

# Thriftway 1% Community Rebate Application Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Tax Exempt Number:** \_\_\_\_\_

**Organization's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**To whom should the check be sent:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**To what address should the check be sent:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Chairperson / President:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Other authorized contacts:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

May we advertise your organization and funds raised? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Mail registration form to: Stormans Inc.  
1932 East 4<sup>th</sup> Ave.  
Olympia WA 98506  
Phone: 360-596-0110

Fax to: 360-754-2541  
Email to: Charelle@stormans.com

