

KROGER NON-PROFIT FUND RAISING APPLICATION

Name of Organization: _____
Address: _____

Phone Number: _____
Email address: _____

REQUIREMENTS:

1) Please write a brief description about your organization including your membership size and your goals/purpose for fund raising:

Size of your membership: _____ Type of organization: School _____
Church _____
Athletic _____
Civic Group _____
Miscellaneous _____

Goals/purpose for fund raising:

2) Please list the name of the chairperson AND two or three alternate members who are approved to place and receive Gift Card orders:

1 st Contact: _____	Phone Number: _____
Alternate # 1: _____	Phone Number: _____
Alternate # 2: _____	Phone Number: _____
Alternate # 3: _____	Phone Number: _____

3) Please state your organization's (9 digit Federal)Employer Identification Number: _____

4) Please acknowledge that your organization intends to purchase/recharge a minimum of \$5,000.00 per year:

5) Please state in writing that you understand that Kroger Fund Raising Program extends only to your members or to the Gift Card purchase made by non-profit organization. (Solicitation to or on behalf of other companies or for-profit organizations/business for resale of Kroger Gift Cards outside your non-profit organization is not permissible and will be considered a direct violation of the program resulting in immediate disqualification.)

IMPORTANT!! YOU MUST INCLUDE A COPY OF YOUR ORGANIZATION'S LETTER OF DETERMINATION FROM THE IRS WHICH STATES IN WRITING THAT YOUR ORGANIZATION IS TAX-EXEMPT UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE.

These requirements are mandatory. If any are omitted, we cannot submit your organization for approval , which will delay your request.

PLEASE MAIL OR FAX THIS APPLICATION ALONG WITH YOUR LETTER OF DETERMINATION TO:

KROGER MID SOUTH KMA
ATTN: CUSTOMER COMMUNICATIONS
P.O. BOX 32680
LOUISVILLE, KY 40232
FAX: 502-423-4876