

For Internal Use Only

Percent Night Application
Application Received: _____
Review Date: _____
Decision: _____
Letter Sent: _____

Feeding the Hungry – Percentage Night Fundraiser Application

Date: _____

Name of Organization: _____

Address of Organization: _____

Contact Person: _____ Title/Position: _____

Telephone: _____ Fax Number: _____

Email Address: _____ Website: _____

Requested Date for the Percentage Night Fundraiser: _____

To give us a better understanding of your Non-Profit Organization please answer the following questions in detail. Incomplete applications will not be considered.

Specifically, how does your non-profit organization support Feeding the Hungry? _____

What steps are you taking this year to accomplish this goal? _____

Please describe your current **fundraising** initiatives and any past accomplishments: _____

7135 EAST CAMELBACK ROAD STE. 260 SCOTTSDALE, AZ 85251
OFFICE: 480.905.6920 FAX: 480.905.6921 WWW.FOXR.COM



The amount of dollars raised is contingent upon your ability to drive traffic to the restaurant during the event. Potential Percentage Night partners will be selected based on their demonstrated commitment to successful promotion of this event. Please describe in detail how your non-profit organization will drive traffic to one of our restaurants on the Fundraiser Night: _____

What is the organization's goal or expected outcome of the fundraiser? _____

How will the success of your promotional efforts be tracked and reported to FRC? _____

In addition to the application, the following supporting documentation must be provided:

- A photocopy of your organization's IRS 501(c) (3) letter with tax ID
- Any additional information to help further our understanding of your organization, such as Press Releases or Media Kits.

Applications are reviewed quarterly. We receive hundreds of applications and determine and schedule our FRC Percentage Nights many months in advance. We suggest submitting your application two to three months in advance. You will receive a response from us within 2-4 weeks.

Complete the application and send to:

Mail:
Julia Archer, Marketing Assistant, Fox Restaurant Concepts
7135 E Camelback Rd., Ste 260, Scottsdale, AZ 85251

Fax:
480.751.2177