



For Internal Use Only

Donation Application

Letter Received: _____

Review Date: _____

Decision: _____

Letter Sent: _____

Percentage Night Fundraiser — School Application

Date: _____

Name of School: _____

Address of School: _____

Contact Person: _____ Title/Position: _____

Telephone: _____ Fax Number: _____

Email Address: _____ Website: _____

Sauce Location Requested for Fundraiser: _____

Requested Date for the Percentage Night Fundraiser: _____

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 School will drive traffic to Sauce on the Fundraiser Night. (Attach a separate sheet if necessary). _____

Has your School previously participated in a Sauce Percentage Night Fundraiser? Yes No

If yes, list date(s) _____

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

- ♦ A photocopy of your school's IRS 501(c)(3) letter
- ♦ Documentation of current accreditation

We receive hundreds of applications for our fundraising events and determine and schedule our Percentage Night Fundraisers many months in advance. We suggest submitting your application two to three months in advance. You will receive a response from us in 2-4 weeks.

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

Fax to:
480.751.2177