

## Spirit Night FUNDRAISING AGREEMENT

Zaxby's Location:	Date of Event:
Company/Organization	
Name:	
Phone:()	
Email:	: 
501(3)C Nonprofit:	
Tax ID#:	
of the fundraiser for By partnering with above date between the hours of 5:00 p.m. to 8: made to be made such as time change, date characteristics.	Zaxby's we will be awarded 10% of all sales on the 200 p.m. If there are any changes that need to be nge or cancellation, we will notify the contact perso
Fundraising Coordinator's Signature	Date
Zaxby's Representative Signature	 Date