



Application for Fundraiser Account

Malmberg's Greenhouses and Garden Centers

Fundraiser Group Name: _____ Date: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail: _____ Website: _____
Date Group Formed: _____

Tax Exempt:

- Yes*
 No

*Must complete and submit
form ST-3

Describe Group/Organization:

- Non-Profit
 Organization
 Church
 School
 Other: _____

Fundraiser Group Officers:

President Name: _____ Phone: _____
Treasurer Name: _____ Phone: _____
Secretary Name: _____ Phone: _____
Other: _____ Phone: _____

Contact Person Name*: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Cell/Work Phone: _____
Email: _____

Signature: _____

*By signing above, I confirm that I have entered my own name as contact person, and that I am authorized to conduct business with Malmberg's Inc. on behalf of my school, church, or organization.

Malmberg's Inc. | 20045 County Road 81 | P.O. Box 118 | Rogers MN | 55374

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