

Guild Rewards Program - Enrollment Application

Name of Organization: _____

Organization Street Address*: _____

City _____ State _____ Zip Code _____

Telephone: () _____ Fax: () _____

Organization E-mail Address (Please Print): _____

Federal Tax Identification Number: _____

PRIMARY CONTACT PERSON:

Name: _____

Title: _____

Contact Mailing Address**: _____

City _____ State _____ Zip Code _____

Daytime Phone: _____ E-mail Address: _____

(Please Print)

Choose address for all program communication; including Rewards checks (choose one):

*Organization STREET address

**Contact MAILING address

Please read, initial and follow the instructions below:

_____ I have attached a copy of my organizations documentation of verification. Documentation of verification can be: Copy of IRS letter of determination, copy of organizations bank statement or voided check, copy of Non-Profit certification, copy of bylaws or something else that you have that verifies your organization is legitimate.

Website, Blog or Facebook page URL: _____

Please Sign and email or mail this signed application and other documents to the address below.

Please sign and date below

Signature: _____ Date: _____

Print Name: _____

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