



GROWING TOGETHER PROGRAM

Non-Profit Organization Registration Form

ORGANIZATION INFORMATION

Organization Name:

Business Address:

City:

State:

Zip:

Phone:

Fax:

E-mail Address:

Checks to be made out to:

Special Instructions.

Contact Person:

Title:

ABOUT GROWING TOGETHER

Blossom Flower Growing Together Program is designed to help non-profit organizations. Blossom Flower will donate two dollars each time an order is placed and the organization and program are mentioned.

This program is only valid for tax exempt, non-profit organizations, schools and churches.

Blossom Flower reserves the right to change or terminate this program at any time without notice.

Absolutely no commitment or obligation is required of the organization receiving the donated proceeds, however, if the organization ceases operations or changes its non-profit status, it must notify Blossom Flower immediately and the program eligibility will be terminated.

SIGNATURE

I represent the above non-profit organization. I certify the above information to be correct, and have read and understand the above information.

Printed Name:	Title:
Signature:	Date:

**Mail to: Blossom Flower, Inc. 980 McLean Avenue, Yonkers, NY 10704
Tel: 1-914-237-2511**