



Nonprofit Application

Contact Information

Date ___/___/___

Name					
Street Address					
City		State		Zip	
Home Phone					
Cell Phone					
E-Mail Address					

Nonprofit Info

Nonprofit Name	
Website	
Tax ID #	
Nonprofit Description	<hr/> <hr/> <hr/>

What month would you like us to sponsor you?

First Choice: _____

Second Choice: _____

Third Choice: _____

What is your involvement with this nonprofit?

Volunteer Executive Board Member Executive Director
 Board Member President/Chair Other

If other please list here: _____

Benefits

We give our nonprofit of the month %5 of the proceeds taken in by the shop. We encourage our nonprofit of the month to host gatherings and raffles in order to raise more funds and awareness about the nonprofit during that month. They are also welcome to drop off literature about the nonprofit to provide for our patrons.

70 High Street Somersworth, NH 03878 | (603) 841-5722

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www.TheGatheringPlaceStudioandShop.com