



Sharing Hands 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 SHARING HANDS

Boyd's FlowerConnection's Sharing Hands Program is designed to help non-profit organizations. Boyd's FlowerConnection 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.

Boyd's FlowerConnection 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 Boyd's FlowerConnection 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:

Fax form to: 1-302-421-2912

Or

Mail to: Boyd's FlowerConnection 2013 Pennsylvania Ave, Wilmington, DE 19806

Tel: 1-302-421-2900

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