



**“EMPTY BOWLS”
RESTAURANT PARTICIPATION FORM
Thursday October 14, 2009**

Yes, I would like to participate in the “Empty Bowls”
Campaign to End Hunger on Thursday October 14, 2009.

Business Name: _____

Contact Person: _____ Phone: _____ FAX: _____
(Please Print)

Address: _____ City: _____ Zip: _____

Web Site Address: http://_____ Email: _____

I Will Donate:

15% 10% 5% Other _____%

Of the:

Total sales for the day Breakfast Sales Lunch Sales Dinner Sales

If you have participated previously, we already have a copy of your logo on file. So,
unless you want to update your logo, all you have to do is

RETURN THIS ORIGINAL FORM BY

August 27, 2010

If you have not previously participated, we want to be sure to include your
restaurant's name or logo in our printed ads, mailings, etc. and on our web site so
**PLEASE INCLUDE YOUR WEB SITE ADDRESS AND ATTACH CAMERA READY ART TO THIS
FORM OR E-MAIL TO Mary Welsh at maryw@sylvphp.org.**

TO: Mary Welsh, P.O. Box 1478, Solvang, CA 93464

or

FAX: 686-2856

For more information please call 686-0295