

## "EMPTY BOWLS: TASTE AND DONATE" PARTICIPATION FORM Friday - October % , 201-

Yes, I would like to participate in the "Empty Bowls: Taste and Donate"

Campaign to End Hunger on Friday, October 18, 2019.

Business Name:			
Contact Person:	(Please Print)	Phone:	FAX:
Address:		City:	Zip:
Website Address:		Email:	
<u>I Will Donate:</u>			
□ 20%	□ 15%	□ 10% <u>Of the:</u>	□ Other%
$\Box$ Total sales for the	ne day 🛛 Other t	ime period of the d	ay (specify)
	you want to updat	we already have a d te your logo, all you <b>ORIGINAL FORM</b>	
	Septer	nber *, 201-	
-	ime or logo in our p		e sure to include your , etc. and on our website,
PLEASE EMAI	L YOUR <u>WEBSITE ADI</u>	<u>DRESS</u> AND <u>LOGO</u> (il	new participant) TO
	marisela@	syvphp.org	
	_	ng People, Attn: Ma	

P.O. Box 1478, Solvang, CA 93464 or Fax: 686-2856 For more information, please call: 686-0295 or email: marisela@syvphp.org

