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12 MONTHS of GIVING APPLICATION

NON-PROFIT ORGANIZATION _____

MAILING ADDRESS _____

PHONE _____ CONTACT NAME _____

PHONE _____ CONTACT NAME _____

NONPROFIT ID _____ E-MAIL ADDRESS _____

WHAT WILL THE MONEY BE USED FOR _____

HONEYMAN NURSERY & LANDSCAPING GUIDELINES. ALL MONIES TO STAY IN THE FLORENCE AND MAPLETON AREAS. THE 2ND WEDNESDAY OF EACH MONTH 25% OF RETAIL SALES WILL BE DONATED. ORGANIZATIONS MUST ADVERTISE (WE PROVIDE AN AD IN LOCAL PAPER) RADIO(KCST) CONTACT CALISTA CATES. OTHER MEANS I.E WINDOW FLYERS, EMAIL, NEWSLETTERS, AND THE BEST...WORD OF MOUTH. HONEYMAN NURSERY HAS THE RIGHT TO REFUSE ANY APPLICATION WITH CONTENT CONTAINING RELIGIOUS AND POLITICAL MOTIVES. APPLICATIONS NEED TO BE RETURNED TO 85089 HWY 101S. FLORENCE, OR. 97439 BY DECEMBER 22ND 2011. TWO SIGNATURES REQUIRED.

SIGNATURE _____

SIGNATURE _____