

Mailing Address:			
City:	State:		Zip Code:
Telephone # :		Fax # : _	
E-Mail :			
Describe Group/ Organization:			
□ Non− Profit □ Organization □ Church □ School			
Other:			
Fundraiser Committee:  President Name:		Phone #:	
Treasurer Name:			
Secretary Name:			
Other:			
Contact Person Name*:			
Mailing Address :			
City:			
Telephone # :	Ce	II/ W OFK Pho	ne # .

<sup>\*</sup> By signing above, I confirm that I have entered my own names as the contact person, and that I am authorized to conduct business with Lima Greenhouses Inc. on behalf of my school, church, or organization.