



PEPPER IN SOME FUN™
PEPPER IN SOME FUNDS

Raise Money For Your
Organization

Give Back Night

APPLICATION

In order to be considered for a Chili's® Give Back Night your organization must complete and submit this application. All information fields are required to process your request. You will be contacted within 7 business days by a Chili's representative regarding the status of your application.

Organization Name: (As written on Tax Records)

Organization Name: (To be shown on Give Back Night Vouchers)

Organization Address: (Must match Tax ID#)

Organization Tax ID Number:

Description of Organization:

Purpose of having a Chili's Give Back Night:

Chili's® Use Only

Non-Profit Eligible: _____

Final Date (Day and Date): _____

Final Time: _____

Chili's Store #: _____

Application Received Date: _____

AD/GM Approval Signature: _____

Marketing Signature: _____

PDF of Give Back Night Flyer and Poster Emailed: _____

Contact Name:

Contact Email:

Contact Phone:

Organization Fax:

Date Requested for a Give Back Night:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

A Give Back Night is usually held on a Tuesday or Wednesday evening for a minimum of three hours. Times will be determined by a Chili's Manager.

Has your Organization participated in a Chili's Give Back Night in the past? (Circle Yes or No) Yes No

(If Yes, when? Month/Date/Year)

Requested Chili's Location (Address, City, State):

Estimated Give Back Night Attendance:

Give Back Night Fundraising Goal:

10% of Benefit Night Sales to be donated. (Not including gratuity or tax).

Contact Signature: I have read and understand the Give Back Night Organization Guidelines.