



BK BENEFIT NIGHT APPLICATION

Another community involvement project
 sponsored by Quality Dining, Inc.®
www.qdi.com/corporate/community.htm

In order to be considered for a BK® Benefit Night your organization must complete and submit this application. All information fields are required to process your request. You will be contacted within 10 business days by a BURGER KING representative regarding the status of your application.

(Please Print)

Organization Name: (As written on Tax Records)

Organization Name: (To be shown on BK Benefit Night poster)

Organization Address: (Must match Tax ID#)

Organization Tax ID Number:

Description of Organization:

Purpose of having a BK Benefit Night:

Contact Name:

Contact Email:

Contact Phone:

Organization Fax:

Date Requested for a BK Benefit Night:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

A BK Benefit Night is usually held on a Monday through Thursday evening for a minimum of three hours. Times will be determined by a BURGER KING Manager. *Quality Dining reserves the right to determine the eligibility of Benefit Night partner organizations.*

Has your organization participated in a BK Benefit Night in the past?

(Circle Yes or No)

Yes No

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

Requested BURGER KING Restaurant Location (Address, City, State):

Estimated BK Benefit Night Attendance:

BK Benefit Night Fundraising Goal:

20% of sales above predetermined base average during BK Benefit Night to be donated. (Not including tax).

Contact Signature: I have read and understand the BK Benefit Night Organization Guidelines.

BURGER KING USE ONLY

Non-Profit Eligible: _____

Final Date (Day and Date): _____

Final Time: _____

BURGER KING Store #: _____

Application Received Date: _____

DM/GM Approval Signature: _____

Marketing Signature: _____

PDF of Benefit Night Poster Emailed: _____