



# BK BENEFIT NIGHT APPLICATION

Another community involvement project  
 sponsored by Quality Dining, Inc.®  
[www.qdi.com/corporate/community.htm](http://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: \_\_\_\_\_