



“CUPCAKES FOR A CAUSE”
Application

Name of Organization: _____

Phone: _____

Name of Applicant(s) and Role/Title within the Organization:

_____	_____
Name	Role/Title
_____	_____
Name	Role/Title
_____	_____
Name	Role/Title
_____	_____
Name	Role/Title
_____	_____
Name	Role/Title

Any primary email contacts : _____

Please describe the mission of your organization. You may include any literature (pamphlets, flyers, etc.) that would help paint a finer picture of the goals of your organization:

What other fund raising efforts does your organization conduct on a yearly basis?

Is your organization a 501 (c)(3) non-profit organization? _____

If given the chance, would your organization be interested in conducting its “Cupcake for a Cause” initiative during a particular time of the year (e. g. during a slow fund raising period or during a time of celebration)? _____

If you answered “Yes” to the question above, please explain which month and why:

The most important requirement for being a part of the “Cupcakes for a Cause” program is to promote your organizations special cupcake down at the shop (which in turn will also promote Confections of a Cake Lover). Please list any and all marketing tools that you will use in order to spread the word:

Do you have any particular flavors or decorative ideas for your cupcake?

Does the local chapter of your organization have a Facebook page? _____

If so, how many “Likes” does your page currently have? _____

Does the local chapter of your organization have a website? _____

If so, how many unique visitors does your page receive monthly? _____

Thank you for your time! You are welcome to drop your application off down at our shop or mail it in. Please call us in advance to let us know that it is on its way (814-336-1338). If you have any questions, please let us know via phone or email (info@confectionsofacakelover.com)