

25 Womble Street
P. O. Box 1655
Sparta, NC 28675

Alleghany CARES

Christians Associated for Relief & Emergency Services

Phone: 336-372-5959
Fax: 336-372- 6808
Email: alleghcares@skybest.com

Annual Application for Alleghany Cares Inc. "Proceeds Day"

Date: _____

Name of Organization: _____

Address: _____

Is your organization a non- profit with 501(C)-(3) status? _____

Contact name : _____

Phone number: _____

*What will your organization use the monies made from thrift store sales on a projected Saturday for?
Use the back or separate sheet if more room is needed.*

If your organization is selected to have one "Proceeds Day" you are **required** to do the following:

- 1-Place an ad in the weekly newspaper for two consecutive weeks advertising the event.
(2 1/2x 2" column= \$22 or 3 1/2" x 3.792 column = \$30.80, 3 " x 5.57"= \$46.20 or larger)

We will be glad to work with you and using our logo format or use your business format. Contact Vickie Scott for details or the Ad dept at Alleghany News.

2- *Remember the better items your organization donates the better the sales.* We cannot hold specific items for your Saturday. Please make your donations the week of your Saturday event.

3-Furnish volunteer staffing the day of the sale. They may work in 3 hour shifts but you must have at **least 4 volunteers during the entire day.** *This is a great opportunity for you to tell the shoppers of your organization and its needs: bring brochure hand outs.*

By signing this agreement you agree to comply with the above requests.

Signature and title

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