



Mozart's

RESTAURANT ■ BAKERY ■ PIANO CAFE

MONTHLY NONPROFIT FUNDRAISER Event Request Application

Organization Name: _____

Nonprofit ID Number: _____

Contact Name: _____

Email: _____ Phone: _____

Tell us about your organization and its mission: _____

Requested fundraiser date: _____

Expected attendance: _____

What is your fundraising goal? _____

How would these funds be used?: _____

Mozart's
4784 N. High St., Columbus, Ohio 43214
614-268-3687
www.MozartsCafe.com