



## Caring Hands Program Registration

Organization Name: \_\_\_\_\_

Organization Type: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

***Would you like us to provide additional Information Flyers and/ or Floral Catalogs?***  
*Information flyers are sent to you after signing up for the program. The flyer will include your group "code" and you may use the flyer to promote the program to your fund raising group/organization.*

If so, how many? \_\_\_\_\_ Information Flyers

\_\_\_\_\_ "Caring Hands" Floral Catalogs

### Payment/Accounting Information

(If different from above)

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Adrian Durban Florist Caring Hands Program is designed to help non-profit organizations.

This program is only valid for tax exempt, non-profit organizations, schools and churches.

Adrian Durban Florist reserves the right to change or terminate this program at any time without notice.

Absolutely no commitment or obligation is required of the organization receiving the donated proceeds, however, if the organization ceases operation, or changes it's non-profit status, it must notify Adrian Durban Florist immediately, and program eligibility will be terminated.

I represent the above non-profit organization. I certify the above information to be correct. I have read and understand the information above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to: Adrian Durban Florists  
Attn.: Linda Lykins  
6941 Cornell Road  
Cincinnati, OH 45242  
Or, fax to: 513/861-7873