



## First Tuesday Benefit Application

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

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

Contact Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail/Website \_\_\_\_\_

Why partner with Fish City Grill/Half Shells? Go ahead...flatter us.

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Briefly describe your organization and who benefits from your efforts.

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Do donations stay within your neighborhood?

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What percentage of donations goes towards your administrative costs?

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What month would you prefer and why?

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Which location would you prefer and why?

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What are your usual marketing/media outlets to promote your organization?

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What would you do on First Tuesday at the restaurant to make the event a smashing success?

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We very much appreciate your interest in participating in our First Tuesday Benefit. Please feel free to send us any additional information you'd like to include about your organization. We will contact you if/when we schedule you for a First Tuesday Benefit.

**Thank You For Doing What You Do!**