



CASH FOR EDUCATION PROGRAM ENROLLMENT FORM

Organization Information:

Date: _____

Name: _____

Address: _____

Telephone #: () _____ Fax #: () _____

Tax ID Number: _____

Please include a copy of your 501c(3) tax-exempt status Determination Letter

School your Organization is affiliated with (if applicable):

Name: _____

Address: _____

Name and signature of appropriate authority at sponsoring school (not required for reorders):

Name: _____

Signature: _____

Mailing Address for Donation Check (if different from above):

Address: _____

Primary Contact:

Name: _____

Email Address: _____

Telephone #: () _____ Fax #: () _____

Signature: _____

For Busch's Use

Approved By: _____ Date Approved _____

Vendor #: _____ Store # _____

Please refer to the Cash for Education Organization Letter for details regarding this program.

565 E. Michigan Ave., Saline, MI 48176

Phone: 734-214-8314 Fax: 734-214-8414

email: cashforeducation@buschs.com