

Let's Raise Some Dough Together!

FUNDRAISERS

Fundraisers are scheduled Monday, Tuesday or Wednesday nights from 4:00-9:00 pm. Check with your local Urbane Cafe for availability and get a 20% of net proceeds of all dine-in and carry-out sales.

Start

- Select a date 3-4 weeks in advance
- Fill out the Fundraising Form, W-9 and send in Non-Profit Letter
- Send completed forms to stephanyp@urbanecafe.com
- We will send you a flyer to distribute (sorry we must make the flyer)
- Invite Friends and Family, Co-workers, etc.
- Review the Urbane Cafe Checklist

How to have a successful event

- Distribute your Urbane Cafe fundraiser flyers at least 7-10 days prior to the fundraiser date. Deliver to anyone who might attend. Provide extras for people to give to friends and family.
- Post flyers in all appropriate areas within your organization
- Include information about the fundraiser in your newsletter
- Consider incentives, your organization could give to the person who sends the most people to your Urbane Cafe Family Fun Night.
- Make sure you have a representative present during the entire event, as well as to greet and acknowledge your participants.
- Please remember no distribution of flyers within 100 feet of the Cafe.

ASK ABOUT OUR FIELD TRIPS THROUGH THE CAFE EDUCATIONAL & FUN



Fundraising

Please print all information clearly Urbane Café Location _____

| Organization Name | | Email (pri | int clearly) | | |
|---|--|---|--|--|--|
| We have agreed to hold our U | rbane Cafe fun | draiser night on (day | y & date) | | |
| During the hours of 4:00 pm - | 9:00 pm (sorry | we are unable to do | entire day) | | |
| | r. Our organiza expense. Flyers ees to donate 20 | ation is responsible for s must not be distrib of net sales durin | uted in and around the restaura g our specific event hours for ev | | |
| Signature: Organization Repre | esentative | Signature: Restaurant General Manager | | | |
| Print Name | Date | Print Name | | | |
| PLEASE SEND | |) FORM, NON PRO TYP@URBANECAF | FIT LETTER AND W9 TO E.COM | | |
| CHECK WILL NOT BE ISSU Please Issue Check to: | ED WITHOUT | COMPLETED W9 | & NON PROFIT LETTER | | |
| Name Organization | Tax ID# | | | | |
| Address | | | | | |
| City/State/Zip | | | | | |
| Contact Name | T | elephone | | | |
| Mailing Address if Different: Address | | | | | |
| | | | Dete | | |
| Signature: Restaurant General | wanager | | Date | | |
| FOR INTERNAL USE ONLY: Total Amount Raised | | 20%Net Sales | | | |
| Amount of Check | Date Issue | d | Check # | | |



Here

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

| Taxpayer Identification Number (TIN) N in the appropriate box. The TIN provided must match the name given on the "Name up withholding. For individuals, this is your social security number (SSN). However, it, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other our employer identification number (EIN). If you do not have a number, see How to g. 3. Cocount is in more than one name, see the chart on page 4 for guidelines on whose ter. Certification es of perjury, I certify that: er shown on this form is my correct taxpayer identification number (or I am waiting for ubject to backup withholding because: (a) I am exempt from backup withholding, or (as) that I am subject to backup withholding as a result of a failure to report all interest subject to backup withholding, and a code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting instructions. You must cross out item 2 above if you have been notified by the IRS instructions. You must cross out item 2 above if you have been notified by the IRS instructions are ported interest and dividends on your tax return. For real estate transacquisition or abandonment of secured property, cancellation of debt, contributions rements other than interest and dividends, you are not required to sign the certification rements other than interest and dividends, you are not required to sign the certification. | or a number (b) I have rest or divide | er to be not be not, o ect. | e issue en not r (c) th | ified by se IRS subject not ap- nent ar | me), ar | ackup or morement | withhortgage | at I am | | | | |
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| Taxpaver Identification Number (TIN) | | | | | | | | - | | | | |
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| count number(s) here (optional) | | | | | | | | | | | | |
| ate, and ZIP code | | | | | | | | | | | | |
| s (number, street, and apt. or suite no.) | Request | er's na | me and | addres | ss (opti | onal) | | | | | | |
| ther (see instructions) ► | | | | oue (ii e | arry) - | | | - | | | | |
| mited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partner | ership) ► _ | | _ E | kemptic | on from | | 100 Aug. | ting | | | | |
| Check appropriate box for federal tax classification: Individual/sole proprietor | | | | | | | Exemptions (see instructions): | | | | | |
| ss name/disregarded entity name, if different from above | | | | | | | | | | | | |
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General Instructions

U.S. person ▶

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

An individual who is a U.S. citizen or U.S. resident alien,

Date ▶

- · A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



GIFT CARD ORDER FORM

PLEASE CALL US TO ARRANGE

805-648-2500 christi@urbanecafe.com

| CONTACT N | AME | | | | |
|-------------|--------------|--|--|--|--|
| Non-Profit | ORGANIZATI | ON | | | |
| PHONE # | | EMAIL | | | |
| ADDRESS | RESSCITY | | | | |
| STATE | ZIP | TAX ID # | | | |
| ☐ MAIL TO A | ABOVE ADDRE | ss <u>OR</u> | | | |
| ☐ PICK UP | AT FOLLOWING | G URBANE LOCATION: | | | |
| EACH P | ACK OF 20 | IS LOADED WITH \$25, BUT YOU PAY \$20 PER GIFT | | | |
| | CARD. SO | EACH PACK OF 20 GIFT CARDS IS \$400. | | | |
| How many | PACKS OF 20 | ? | | | |
| \$400 x | (амоц | JNT OF PACKS OF 20) | | | |
| TOTAL: | | | | | |

PLEASE MAKE CHECKS PAYABLE TO URBANE CAFE AND MAIL YOUR CHECK AND ORDER FORM TO THE ADDRESS BELOW. PLEASE ALLOW 2-4 DAYS OF PROCESSING BEFORE YOUR GIFT CARDS ARE SHIPPED OR READY FOR PICK UP.

URBANE CAFE
ATTN: CHRISTI CHRISTIAN
78 N. ASH ST.
VENTURA, CA 93001