



Give Back Event Questionnaire Chili's Grill & Bar, Alaska

800 E. Dimond Blvd, Suite 162

For Certified 501(c)(3) Organizations Only:

Event Date Requested:	
Organization Name:	
Contact Person:	
Contact PhoneNumber:	
Organization Mailing Address:	
Organization Website:	
Tax ID Number (9- digits): Required.	
Social Security Number of Individual (if applicable):	

For Restaurant Only:

Restaurant Number:	701.867.0001
Area Director:	Stacy Greaber
MOD During Event:	
Percentage of donation:	15% with flyer

EMAIL completed form to:
susan@chilialaska.com OR Deliver form to
Susan Dubinsky @ Chili's Grill & Bar