



Contribution Request Form

Name of Soliciting Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Incorporated as a non-profit entity? ☐ Yes ☐ No

Tax Exempt #/501c3 (attach documentation): _____

Contact Name: _____

Email Address: _____ Phone Number: _____

State your relationship to the organization you are soliciting for:

☐ Employee ☐ Volunteer ☐ Employee ☐ Professional Solicitor

What services are rendered by your organization? _____

Event Date: _____ Event Name: _____

Event Location: _____

Event Description: _____

What contributions are you seeking from us? _____

Have you or your organization ever done business with us? ☐ Yes ☐ No

Solicitors Signature: _____ Date: _____

Please, Mail Completed Form To:

Nourse Chillicothe Automall
Attn: Barbara Sanford
423 North Bridge Street
Chillicothe, Ohio 45601