

Contribution/Sponsorship Request Form

In order for us to consider your request, you must fill out this form and/or attach a fact sheet or request letter —

The more we know, the better the chances of approval.

Our Community Involvement Committee meets to consider requests once a month, usually on the <u>third Wednesday</u> of the month at noon.

Name of soliciting organization:		
Contact phone number:		
Mailing address:		
City:	State:	ZIP code:
Tax deductible status: Federally exe	mpt? Yes No)
When do you need the contribution considered in time.)	•	om the date you submit this form your request may not be
Solicitor's Name:		
Relationship to organization: Emplo	yee Volunteer	er Paid Worker
Profes	sional Fund Raiser	
What kind of service is rendered by	your organization?	
What contribution are you seeking	from us?	
What kind of recognition will result	if we contribute to this ca	cause?
Has your organization (or you perso	onally) purchased a vehicle	le from us? Yes No
If yes, under what name?		What year?
(Having purchased a vehicle, or not	, does not guarantee that	t your request will be approved or denied.)
Are you or your organization a regu	lar parts/service departm	nent customer? Yes No
Solicitor's Signature		Date
Internal Use Only: Approved	Denied	Latter Sent