

Contribution Request Form

Name of Soliciting Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Incorporated as a non-profit entity? Yes No

Non-profit corporation number: _____

Has the IRS granted tax deduction status for your organization? Yes No

What is your Federal Corporation Tax ID number? _____

Solicitor's Name: _____

State your relationship to the organization you are soliciting for:

Employee Volunteer Paid Worker Professional Fund Raiser

Is your organization registered with the Better Business Bureau? Yes No

What Services are rendered by your organization? _____

What contributions are you seeking from us? _____

Have you or your organization ever purchased a vehicle(s) or Parts or Service from us?

Yes No

If yes, under what name(s)? _____

In what year(s)? _____

Solicitor's Signature: _____

_____ Date: _____