

FUNDRAISING PROGRAM APPLICATION



ORGANIZATION INFORMATION

ORGANIZATION NAME: _____

ORGANIZATION ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (____) _____ EMAIL: _____

WEBSITE ADDRESS (IF ANY) : _____

TYPE OF ORGANIZATION: EDUCATIONAL RELIGIOUS COMMUNITY CHARITABLE

CONTACT INFORMATION

NAME: _____

AFFILIATION WITH ORGANIZATION: _____

PHONE: (____) _____ EMAIL: _____

PURPOSE OF FUNDRAISER : _____

PROPOSED DATES OF FUNDRAISER: _____

With this signature, I give confirmation that I am an authorized representative of the Organization, that we meet the guidelines set forth by Silverstar Car Wash, and that proceeds from this fundraiser will be used for the purpose stated above and not for individual/commercial gain or profit. I also understand that fundraiser items cannot be sold on any Silverstar Car Wash property.

SIGNATURE: _____ DATE SUBMITTED: _____

FOR COMPANY USE ONLY:

DATE RECEIVED: _____ APPROVED?: YES NO

APPROVED BY: _____ DATE OF FUNDRAISER: _____