



<b>Donation Request</b>	
Today's Date	
Date of the Event	
Fundraising Benefit Recipient	
Are you a non-profit?	
Tax Exempt Number	
Request Contact Person	
Phone number	
Dollar Amount Requested	
Make Checks Payable to	
Address	
What will the funds be used for?	
What will be the impact of the donation on our local community?	
How many people will benefit?	
What other sources of funds have you or will you obtain?	
What relationship do you and/or the recipient have?	
Name:	Date:

For Office Use Only
Donation Approved: _____ Amount: _____
Donation Denied: _____
Committee Review Date: _____
Wholesale Tire Location _____
Wholesale Tire Representative _____