



## DONATION REQUEST FORM

Name of Organization:	
Address:	
City, State & Zip Code:	
Telephone Number:	
Website:	
Organization tax exempt ID #:	
Organization mission:	
Primary Contact:	
Contact Phone:	
Contact E-Mail:	
Date(s) of event:	
Location:	
Amount of donation requested:	
Donation beneficiary:	
Brief description of event/purpose for donation:	

Submit donation request in writing to:

**Frank Motors**  
**Attention: Donation Request**  
**2400 National City Blvd**  
**National City, CA 91950**