

**ROUNTREE MOORE AUTO GROUP**  
**Request for Contribution**

Name of Organization (Check payable to): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Is your organization a 501(3)(c)?:    Yes    No    If No, does this project have a charitable component? \_\_\_\_\_

Web Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Commitment Needed by: \_\_\_\_\_

Date Funds Needed By: \_\_\_\_\_

Approximate number of people that will benefit from this project: \_\_\_\_\_

Project Title (**describe what the donation is for**): \_\_\_\_\_

Did your organization receive support from Rountree Moore in the past year?    Yes    No    Amount Received: \_\_\_\_\_

Are there any advertising or publicity opportunities with this request?    Yes    No    If yes, the following information is required:

Publicity/Advertising Contact Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Contact email address: \_\_\_\_\_ Deadline for ads/publicity: \_\_\_\_\_

- |  |  |                                |
|--|--|--------------------------------|
| Ad in program handout/yearbook                             | Logo for website                                       | Live announcement during event |
| Ad in organization newsletter (electronic or paper format) | First Federal booth space during event                 | Photo opportunity with staff   |
| Logo for banner/sign                                       | First Federal Banner displayed at event or on location | Other (please elaborate below) |
| Logo for program/handout                                   |  | None                           |

**Please save and email completed form to [charityofchoice@rountreemoore.com](mailto:charityofchoice@rountreemoore.com) or print and drop off at the dealership.**

Request Received By: \_\_\_\_\_ Date Request Received: \_\_\_\_\_

Approved/Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Date Approved/Sent to Accounts Payable: \_\_\_\_\_

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_