

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 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:

