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Donation/Sponsorship Request Form

| Date of Request: | |
|--|---|
| Firm/Organization soliciting: | |
| Address: | |
| City: | State: Zip: |
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| Individual soliciting: | |
| Your relationship to the organization (Select One) | : |
| Employee Volunteer Paid Worker | Professional Fundraiser Other: |
| Where did you buy your last vehicle? | |
| Have you or any member of your family conducte | d business with Patterson Auto Group in the |
| past three years? Yes No Expla | in: |
| | |
| Type of donation requested: Cash | Please list amount: \$ |
| Product/Service | Please list: |
| How does your organization benefit the communi | ty? |
| | |
| How many individuals does your organization effe | ect? |
| Are you a non-profit? Yes No I | f Yes, tax exempt ID: |
| Please list your organizations officers: | |
| | |
| Briefly describe how your requested donation will | l be utilized: |
| | |
| | |
| | |
| Deadline for Request: | |

Email this completed form to sponsorship@pattersonauto.com or fax to 940-766-5373























