



THOMAS TIRE
&
A U T O M O T I V E

Sponsorship and Contribution Request Form

Please complete and submit the form below. *Please fill in the entire form, incomplete submissions will not be considered.*

Organization Name: _____

Contact Name: _____

E-mail: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

501o-3 Tax ID Number: _____

Organization's Mission:

Type of Fundraiser and Goal of Event:

Donation Request:

Location and Date of Event:

Has Thomas Tire & Automotive donated to your organization in the past? YES NO