



Auto Shine Fundraising Program Application

Organization Information

Organization
Name: _____

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Federal Tax ID #
with 501(c)3status: _____

Number of active
members selling
certificates: _____

Organization is associated with:
(circle one)

Church

Civic Organization

School

Other: _____

What is the
purpose of your
fundraising event? _____

Chairperson Information

Full Name: _____

Last

First

M.I.

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Primary Phone: _____

Email: _____

I agree to be
financially responsible
for the certificates and
payment.

Signature

Certificate Information

Name you would like
printed on the certificates: _____

Desired number of certificates:

Desired date of fundraiser: