

***TLC Autowash & Fast Lube***  
**Charity Carwash Application**

**Non Profit Organization Name:** \_\_\_\_\_  
(As it reads on the Federal Tax Document SS-4)

**Mission of Organization:** \_\_\_\_\_

**Contact/Chairperson:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Incl. Street Name, Street #, City, State, & Zip Code)

**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
(Area Code & Number) (Area Code & Number)

**E-Mail Address:** \_\_\_\_\_

**Federal Tax ID Number:** \_\_\_\_\_

**Number of Cards Issued:** \_\_\_\_\_ **Fundraising Goal:** \_\_\_\_\_

**Size of Group:** \_\_\_\_\_ (Max of 100 to start)

**Starting Date:** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_  
*\*Sale will run for 1 month (31 days)\**

**How did you hear about our Program?** \_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Guarantee:**

I \_\_\_\_\_ agree to reimburse TLC Autowash for  
\$\_\_\_\_\_ for gift cards purchased or return and equal dollar amount of the gift  
cards to TLC Autowash. This is a personal financial guarantee by the  
undersigned.

**Signature:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Manager Signature:** \_\_\_\_\_

**Manager Name:** \_\_\_\_\_

*\*\*\* Be sure to include a copy of your Federal Tax Id Document -SS-4  
and a copy of your driver's license of the person responsible  
for the Charity Cards.\*\*\**