APPLICATION FOR SUPPORT

Date:	Dealership:
Relation to Dealership:	

ORGANIZATION INFORMATION

Organization Name:		
Website:		501(c)(3)#:
Address:		
City:	State:	ZIP Code:
Contact Person:		Phone:
Relationship to Organization:		Email:

HOW DOES YOUR ORGANIZATION MAKE A DIFFERENCE?

Mission Statement of the Organization:
What population is served by this Organization:
What Geographic area is served by this Organization:

REQUEST

☐ Grant (Money) ☐ Sponsorship (Money in exchange for advertising) ☐ In Kind (Something we have or a service we can provide)	Amount or Item requested: When do you need to receive the item or funding?
Describe the proposed outcomes that will result from the granting of this request.	
Why should we grant your request?	
What Subaru Love Promise Pillar most closely relates to your Organization? ☐ Subaru Loves Pets ☐ Subaru Loves the Earth ☐ Subaru Loves Learning ☐ Subaru Loves to Care ☐ Subaru Loves to Help	
Have you are requested anything from this dealership in the past? ☐ Yes ☐ No	Has your organization been reviewed by the Charities Review Council? ☐ Yes ☐ No
What other organizations are providing you with funding?	

SIGNATURE

I authorize the verification of the information provided on this form.	
Signature of applicant:	Date: