

HOLIDAY GIVE BACK

APPLICATION

Organization Information					
Organization Name:					
Address:		City/Zip code			
Contact Name:		Phone number:			
Contact email:					
Organization's URL: (w	ebsite link)				
501c3 number:		PLEASE ATTACH COPY WHEN SUBMITTIMNG APPLICATION.			
	Schumacher Employee	Information (if nomin	ated by an employee)		
Employee Name:		Position/Title:			
Department:		Campus:			
Phone number:		Email:			
	Describe reason	for request/support/s	sponsorship		
Attach Sponsorship Po	ackage if needed to support the re	equest.			

All applications must be submitted in person inside one of the Schumacher Family of Dealership Showrooms by 12/11/20. Only One application per charity will be accepted. You will be sent an invitation to the Drawing date in the Showrooms.

For questions, please contact: Email: mmassey@schumacherauto.com | 561.615.3342

Applicant Signature:		Date:			
Below to be completed by Schumacher Auto Group Marketing.					
Team Signature:		Date Received:			
V.P Signature:		Date Received:			

We are excited to have you Come Join The Family through the Holiday Give Back!



NORTH PALM BEACH | WEST PALM BEACH | DELRAY BEACH

www.schumacherauto.com