



**CONTRIBUTING TO OUR COMMUNITY**

DATE OF REQUEST \_\_\_\_\_

NAME AND ADDRESS OF ORGANIZATION  
\_\_\_\_\_

AMOUNT OF REQUEST \_\_\_\_\_ DATE REQUEST IS NEEDED  
BY \_\_\_\_\_

PURPOSE OF  
REQUEST \_\_\_\_\_  
\_\_\_\_\_

**QUESTIONS FOR BENEFICIARY:**

1. ARE YOU OR ARE YOU RELATED TO ANYONE AFFILIATED WITH HANOVER AUTO TEAM?  
YES \_\_\_\_\_ NO \_\_\_\_\_
2. ARE YOU CURRENTLY A CUSTOMER OF HANOVER AUTO TEAM? YES \_\_\_\_\_ NO \_\_\_\_\_
3. ARE YOU A FAITH BASED ORGANIZATION? YES \_\_\_\_\_ NO \_\_\_\_\_
4. ARE YOU HELPING FAMILIES AND/OR CHILDREN? YES \_\_\_\_\_ NO \_\_\_\_\_
5. ARE YOU HELPING THE ELDERLY, FATHERLESS OR THE IMPRISONED? YES \_\_\_\_\_ NO \_\_\_\_\_

**GIVE A BRIEF DESCRIPTION OF THE PURPOSE OF THE REQUEST:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF THE REQUEST IS OVER \$200 PLEASE ANSWER THE FOLLOWING:**

1. ARE YOU A NON-PROFIT ORGANIZATION? YES \_\_\_\_\_ NO \_\_\_\_\_
2. WHAT IS YOUR EIN? \_\_\_\_\_
3. WHAT IS YOUR MISSION STATEMENT?  
\_\_\_\_\_