



COMMUNITY ENHANCEMENT FUNDING APPLICATION

Dealer / Individual Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: Day: _____ Evening: _____ Cell: _____

Email Address: _____

Name of Organization or Individual to be funded _____

Funding Requested for: _____

- Please include any supporting documents or any other information deemed helpful
- Amount of donation request _____
- Date funds required _____
- Date of application _____