



**Community & Contribution Request Form**

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<b>CONTACT INFORMATION (Person requesting funds)</b>		
Name:	Phone #:	Email:
<b>ORGANIZATION</b>		
Name:		
Address:		
<b>IS THE ORGANIZATION A 501(c)(3) or other designated not for profit?</b>		<b>REQUIRED</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>ORGANIZATION PURPOSE OR MISSION:</b>		
<b>AMOUNT OF REQUEST:</b>		
\$		
<b>PLEASE PROVIDE PURPOSE OF THE REQUEST: Include detail regarding how funds will be used.</b>		
<b>EXPLAIN YOUR INVOLVEMENT/CONNECTION WITH THIS EVENT/ORGANIZATION</b>		
<input type="checkbox"/> Please check this box to certify this organization does not discriminate against others on the basis of race, color, national or ethnic origin, ancestry, age, religion, disability, medical condition, sex, gender identity and/or expression, sexual orientation, marital status, military or veteran status, or any other characteristic protected under applicable federal, state, or local law.		
Requester's Signature:		Date:
<b>This area to be completed by the Community &amp; Contribution Committee</b>		
<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Not Approved	Date:

Please submit completed request to: [communitygiving@coopertire.com](mailto:communitygiving@coopertire.com)