RIPTIDE®

CAR WASH • FREE VACUUMS

DONATION REQUEST

Please complete all fields on this form. We will review your request and, if approved, mail the donation to the address provided.

Today's Date: _____

Organization Name: _____

Type of Organization: _____

EIN: _____ Tax Exempt Number: _____

Type of Event: _____

Event Will Benefit: _____

Location of Event: _____

Date of Event: _____

Contact Person: _____

Title: _____

Phone Number for Contact Person: (_____) _____

Email Address for Contact Person: _____

Organization Website: _____

Social Media: _____

Mail Tickets To: _____

Attention: _____

Mailing Address: _____

City | Zip: _____

Phone Number: (_____) _____

Email Address: _____

Any additional information: _____

_____

Email completed form to Deb@RiptideCarWash.com

Internal Use Only

Donation: Yes No Item(s) Donated: _____

Ticket #(s): _____ FR: ☐ Yes ☐ No Expiration Date: _____

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1850 Oregon Pike, Lancaster, PA 17601
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