

St. Louis Auto Dealers Association Charitable Foundation Request for Funding



Organization Name: _____

Contact Person: _____

Title: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Website: _____

Organization Mission Statement:

Year of Organization Establishment: _____

Brief History of Organization:

Organization's Goals and Objectives:

13616 Manchester Rd.
St. Louis, MO 63131
o. 314-822-0333
f. 314-822-3147

www.stlautos.com



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Type and Scope of Services Offered:

Geographical Area Served: _____

Specific Details as to How Requested Funds will be Used:

Names and Affiliations of Members of the Organization's Board of Directors:

List of Major Contributors:

Name and Contact Information for St. Louis Auto Dealers Association Dealer Member Sponsor:

Please Include with this Form:

- Verification of Internal Revenue Services 501(c)(3) tax-exempt status
- Most recent financial statements

Please send this completed form along with requested information to:
Stephanie Bolego stephanie@stlautos.com or 13616 Manchester Road, St. Louis, MO 63131.

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