



Collision Industry Foundation ANNUAL DONOR PROGRAM ORDER FORM



Vision: Provide Emergency Relief to Collision Repair Professionals

Mission: Secure and distribute donations to individuals who have experienced significant losses due to natural disasters or other catastrophic events.

We Answer the Call™

Primary Contact Information (please print)

Company Name: _____ Displaying As: _____
(if different than company name)

Contact: _____ Title: _____

Address: _____
(City) (State) (Zip)

Phone #: _____ Email: _____

_____ Marketing Contact Name:

_____ Email: _____

Phone #: _____ Company URL: _____

Logos: Please email a high resolution PNG or JPG image of your company's logo file to Petra.Schroeder@comcast.net

Approval for CIF listing your company name, logo and URL on the CIF website: Yes No

Approval for CIF to announce your donor level on social media or in a press release: Yes No

Comments you would like to share regarding you/your company's support of CIF (may be used on social media, website and press releases):

Interest in providing a video testimonial to highlight your company's support of CIF?: Yes No

Show support of CIF! List our logo and URL, found at (www.collisionindustryfoundation.org) on your website.

Billing Contact - FILL OUT ONLY IF IT IS DIFFERENT FROM THE PRIMARY CONTACT (please print)

Company Name: _____

Contact: _____ Title: _____

Address: _____

(City) _____ (State) _____ (Zip) _____

Phone # _____ Email: _____

Become an Annual Donor. 5 different donation levels are available:

Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
FIRST RESPONDER	URGENT CARE	IMMEDIATE CARE	PRIMARY CARE	FIRST AID
\$10K+	5K+ to <10K	1K+ to <5K	\$500 to <1K	min. \$50 to <\$500
Total Annual Recurring Donor Amount:			A pro-rated invoice is available. For more details please contact: petra.schroeder@comcast.net	

PLEASE NOTE THAT THIS RECURRING **ANNUAL DONOR PROGRAM** RENEWS ON JANUARY 1st. Contact will be made with you at budget TIME AUGUST / SEPTEMBER for the next year's budget consideration. The payment is due at the end of February. YOU WILL BE ABLE TO TERMINATE YOUR PARTICIPATION AT ANY TIME. THERE ARE NO REFUNDS AFTER PAYMENT IS RECEIVED.

Payment options:

- Mail check to the CIF Admin Office Through the QuickBooks invoice link
 Collision Industry Foundation - CIF,
 P.O. Box 3007, Mechanicsville, VA 23116

Should you not want to commit to the Annual Donor Program but still support CIF, please consider the GENERAL DONATION option here:
<https://www.collisionindustryfoundation.org/donate.html>

Our EIN # is: 36-4437628. If you require a CIF W9 you can find it here:
https://www.collisionindustryfoundation.org/uploads/1/2/0/0/120099486/w-9_form_cif2026-01_signed.tif

By signing below, the Donor agrees to have read and agreed upon terms & conditions within this document.

Authorized Signature: _____ Date: _____

Name (Please Print): _____ Title: _____