



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.

1. Primary Contact Information (please print)

Company Name: _____

Displaying As (if different than company name):

Contact: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Would you mind sharing name and email contact of your Marketing person? _____

Company URL address: _____

Logo: Please email a high resolution image of your company's logo as a PNG or JPG file to petra.schroeder@comcast.net

Do you approve of the CIF listing of your company name and logo (and URL address) on the CIF website?

Yes No

Do you have any comment(s) that you would like to share regarding you and/or your company's support of CIF? If yes, see Comments Section at the bottom of this document.

Yes No

Does CIF have your approval to utilize it for social media or a press release announcing your donor level and support of CIF?

Yes No

In case you wanted to show your support of CIF by listing the CIF website / logo on your company's website, here it is: www.collisionindustryfoundation.org

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

Company Name: _____

Contact: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

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

- | | | | |
|--------------------------|--------|---------------------------|---------------------|
| <input type="checkbox"/> | Tier 1 | 1 st RESPONDER | 10K+ |
| <input type="checkbox"/> | Tier 2 | URGENT CARE | 5K+ to <10K |
| <input type="checkbox"/> | Tier 3 | IMMEDIATE CARE | 1K+ to <5K |
| <input type="checkbox"/> | Tier 4 | PRIMARY CARE | \$500 to <1K |
| <input type="checkbox"/> | Tier 5 | FIRST AID | min. \$50 to <\$500 |

Total Annual Recurring Donor Amount: _____

A pro-rated invoice is available.

PLEASE NOTE THAT THIS RECURRING **ANNUAL DONOR PROGRAM** RENEWS ON JANUARY 1st. AN INVOICE WILL BE SENT AT BUDGET TIME AUGUST / SEPTEMBER WITH A DUE DATE OF FEBRUARY 28 OF THE FOLLOWING YEAR. YOU WILL BE ABLE TO TERMINATE YOUR PARTICIPATION AT ANY TIME. IF YOU TERMINATE AFTER PAYMENT HAS BEEN RECEIVED, THERE WILL BE NO REFUNDS.

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

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

Authorized Signature: _____

Name (Please Print): _____

Title: _____ Date: _____

COMMENTS SECTION TO BE POTENTIALLY USED FOR SOCIAL MEDIA (Facebook and LinkedIn), WEBSITE AND PRESS RELEASES

You can provide written information along with visuals.

Or record a brief video testimonial. We are here to support you with this.