



USED CAR DEALERS OF COLORADO CHARITY FUND

Application for Assistance

Date: _____

Name of Applicant: _____

Address: _____

Email: _____

Phone: _____ Requested Amount: \$ _____

Reason for assistance: *(Please attach additional pages if necessary & supporting documents)* _____

Thank you for your request.
You will be notified once the Charity Board meets and reviews this application.

“USED CAR DEALERS CHANGING LIVES”