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)*** _____

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Upon completion, please email this form to dcardella@ciada.org.

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

"USED CAR DEALERS CHANGING LIVES"

USED CAR DEALERS OF COLORADO CHARITY FUND
950 WADSWORTH BLVD. SUITE 101 LAKEWOOD, CO 80214
303-239-8000 FAX: 303-237-3305 CIADACHARITYFUND.ORG