

Community Builder Program Application

At Jim Hansen's Gateway Ford Lincoln our Corporate Giving Program reflects the company's desire to be a good corporate citizen. We believe that investing in Community and other charitable initiatives will help the people, organizations and communities in areas where we operate to grow and succeed. As well, we encourage our employees to be involved in their communities. In the past Jim Hansen Gateway Ford Lincoln assisted countless youth groups, local schools and other non-profit organizations and charities.

Jim Hansen's Gateway Ford Lincoln recognizes the vital and worthwhile role performed by the many charitable organizations in our community. However, due to limited financial resources, we will restrict our support to those groups who best match our objectives. We will not accept phone calls as donation/sponsorship requests.

To be considered for support, all requests must be in writing and our online form must be filled out correctly and handed in with your donation request letter.

- Please put your request in writing, detailing what event or organization you represent, and what you're asking for, or fill in the reverse side. Please ensure you have a return mailing address, phone, fax number and/or email address. Outline how Jim Hansen Gateway Ford Lincoln will be recognized.

- Fax details to (780) 538-4326, email birvine@hansenford.ca or drop it off at our front reception at Jim Hansen's Gateway Ford Lincoln. Attention: Community Builder Program.

Jim Hansen's Gateway Ford Lincoln works hard to assist as many community organizations as possible, however because of the volume of requests we receive, we at times have to decline support to worthwhile proposals. Such a response does not reflect upon the value of your organization and the valuable service you provide.

Good luck with your project and thank you for thinking of Jim Hansen's Gateway Ford Lincoln.

Organization: _____

Address: _____

Contact Person: _____

Daytime Phone Number: _____

Fax: _____

E-mail: _____

Assistance Requested: _____

Reason for Request: _____

Date Required: _____