



Fundraising Application

Submit form to: sonicsudsexpresswash@gmail.com

Type of Organization:

- Non-profit
- Church
- School
- Sport Group
- Other

Sonic Suds Site Location: _____

Organization Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Contact Person: _____

Phone Number: _____

Email: _____

Number of Coupons requested: _____ Date Coupons needed: _____

Event Start Date: _____ Event End Date: _____

Signature: _____ Date: _____