

## Community Washer Application

Thank you so much for your interest in partnering with us! We are so excited about our Community Washer and how it helps bring our community together. We donate 25% of the revenue from a designated washer and dryer to a local charity each quarter. Please complete this application and submit, and we will contact you once a decision is made.

Name of Non-Profit Organization:		
Year Founded:		
Application Contact:	Phone:	
Email:		
Office Address:		
To whom would we make the donation check pay	able?	
Website:		
Facebook & other social media:		
Please provide a brief description of your organiza	ation's mission and work:	
How many people does your organization serve of Treasure Coast?		
Does the organization have any events happen Where?	ing during the application quarter? When and	

Mention in an Mention in a ہ	orinted newsletter or with organization or to clients	(check all that apply)	
- Please email a cop	proof of the organization's 501C3 sta by of the organization's logo. e completed form to email address b		
Tom 772-569-3351	Tom Rhodes, owner sunshinelaundries@gmail.com	PO Box 651427 Vero Beach, FL 32965	
OFFICE USE ONLY			
Organization:			
Quarter of	(year)		
Amount Raised:			
Date Check Mailed:			