



San Antonio Water System Charity Car Wash Tracking Form

Car Wash Facility Information

Business Name of Wash Facility: _____

Wash Facility Physical Address: _____

Owner's Name: _____

Address: _____

City _____ State _____ ZIP Code _____

Phone: _____

Organizational Information

Group type _____ Registered Non-Profit _____ School _____ Sports Group _____ Other: _____

We reserve the right to limit this fund-raising service to non-profit organizations and their associated groups

Organization's full name: _____

Non Profit Tax I.D. Number: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Contact Name: _____ Phone: _____

Contact Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

E-mail: _____ Fax: _____

Event Information

Date of Charity Car Wash Event: _____

Time of Charity Car Wash Event: _____

Purpose of Charity Car Wash Event: _____

