



Kwik Care Partnership Application

Organization Name _____

Address _____

Contact Name _____

Your role _____

Email _____ Phone _____

Website _____

Facebook Handle _____

Twitter Handle _____

Instagram Handle _____

Other Social Media Handles _____

Please provide the following information on a separate sheet.

- List of Board Members
- Organization's Mission
- Will Kwik Care Funds benefit people in the Tri-States? If so, How? And how many?
- What will the funds be used for?
- If selected, how will you promote the partnership?
- If selected as a recipient of the Kwik Care program is there a specific month in 2020 that you feel would be most beneficial to have your organization featured? If so, which month? If a specific month is requested, we will do our best but cannot promise we will be able to fill that request.

The committee reserves the right to request a meeting with applicants, if needed, before making final determination of 2020 nonprofit partners.

Please submit this application to donations@gokwikstop.com before November 12, 2019 for consideration.