

Wouldn't you like to earn extra money for your organization?

Premium Auto Glass is offering a fundraising opportunity that is as easy as 1, 2, 3...

Living in Colorado there is always an unfortunate need to replace your auto glass. Why not get your dollars to work for your organization? Premium Auto Glass is offering an opportunity to help support funding for local groups in our community. Premium Auto Glass, will donate \$5 of the sale from a windshield replacement to your organization.

Premium Auto Glass, a Colorado owned and operated company, handles all insurance company claims, and offers competitive cash pricing. We offer quality glass, installation and customer service. Again, any referrals from our PAG Community Fundraising Program, Premium Auto Glass will contribute \$5 of the sale.

Participating in this program is as easy as 1, 2, 3...

- 1) Customer contacts Premium Auto Glass to schedule service
- 2) Mention to our staff that you want \$5 to go to your organization, per our PAG Community Fundraiser Program
- 3) Donation amount will be paid on a quarterly basis

Premium Auto Glass will track all sales.

To get started, fill out the attached program form & get approval from the head of your organization. You can mail the form to: Premium Auto Glass - 6779 Wadsworth Blvd, Arvada, CO. 80030 - Attention: PAG Community Fundraiser Program or fax to: 303-423-3501. You can also email form back to: contact@premiumautoglass.com. To learn more about this program, contact Max Schenfeld at Premium Auto Glass at (303)526-4475.

Sincerely,

Max Schenfeld

Max Schenfeld
Premium Auto Glass
(303) 526-4475

mschenfeld@premiumautoglass.com



"We install Confidence"



"We install Confidence"

6779 Wadsworth Blvd., Arvada, CO 80003
(303) 423-3500

Premium Auto Glass – Community Fundraiser Program

To participate in the Premium Auto Glass (PAG) Community Fundraiser Program, please complete the following and mail back to: PAG Community Fundraiser – 6779 Wadsworth Blvd, Arvada, CO 80003, or fax to: 303-423-3501, or email back to: contact@premiumautoglass.com.

Name of Organization: _____

Address: _____

City: _____ State _____ Zip: _____

Contact Person(s): _____

Phone: _____ Email: _____

Program Outline

- ✓ Form must be presented to head or decision maker of organization. Only one form need per group or organization for program set up
- ✓ Point of contact of your group will determine how best to communicate program
- ✓ Handout materials will be provided by Premium Auto Glass to for your group
- ✓ Eligibility: Anyone who calls in and mentions name of your organization & requests portion of sale to be donated per our PAG Community Fundraising Program
- ✓ Customer contacts Premium Auto Glass & provides your organizations name
- ✓ Premium Auto Glass files insurance claims or provides competitive cash pricing
- ✓ Same day or next day service. In shop or free mobile service offered throughout the metro area
- ✓ Premium Auto Glass will contribute \$5 of each invoice to your organization
- ✓ Checks made payable to you organization, and paid out quarterly

For internal use only:

Organization Name:

Promotional Code