



High Point Transit System



Department of Transportation

Public Transportation Division

Bus Pass Donation Request Form

Organization Name: _____

Organization Address: _____

Contact Person: _____

Phone/Email: _____

Program or Event Name: _____

Date of Program/Event: _____

Number of Passes requested (\$100 maximum value): _____

Additional Comments:

Authorized Representative Signature

Printed Name & Title

Date

Please submit request at least 2 weeks prior to event date or when passes are needed.

Also please attach the signature page of your organization's most recently filed IRS Form 990 or 990-EZ.

Return to:

High Point Transit System

716 W MLK Jr Drive

High Point, NC 27261

Fax: 336-883-3425

Email: transit@highpointnc.gov

Approvals:

Transit Accountant Signature

Printed Name

Date

Transit Manager Signature

Printed Name

Date