

Color Cares™ Initial Paint Color Makeover Application

Please print, complete & mail this application to:

Color Cares Makeovers • P.O Box 0037 • Minooka IL 60447-0037

Today's Date: _____

For a Dwelling-Related Color Makeover:

Resident's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Mobile: _____

Email: _____

Years at Address: _____ Own or Rent: _____

For a Facility-Related Color Makeover:

Organization Name: _____

Contact Person: _____

Your Position – Job Title: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Website: _____

If you are nominating a person, family or organization complete the following along with page 1.

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____

Email: _____

Relationship to Candidate: _____

MANDATORY: MUST BE COMPLETED BY ALL APPLICANTS

Please summarize your current situation and why you feel you are deserving of a Color Cares™ color makeover. If you are nominating a person, family or organization, please summarize your candidate's current situation and why you feel he, she or they are deserving of a Color Cares™ color makeover:
