



# CHARITABLE DONATION REQUEST FORM

All of the following information is required in order for Beaufort-Jasper Water & Sewer Authority to consider your request.

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization's Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please make sure your proposal includes the following information:**

- A description of your organization, including its mission and major accomplishments
- A copy of the letter from the IRS stating your organization's 501(c)(3) status, if applicable.
- A list of key staff and titles and current Board of Directors including officer status, if applicable

Contact person's relationship to the organization:

Employee \_\_\_\_\_ Volunteer \_\_\_\_\_ Paid Worker \_\_\_\_\_ Fund Raiser \_\_\_\_\_

What services are rendered by your organization? \_\_\_\_\_

How will this donation be used? \_\_\_\_\_

What kind of advertising/signage and recognition will BJWSA receive, if any? \_\_\_\_\_

Why type of contribution are you seeking? (check one)	
_____	Monetary \$ _____ (please be specific)
_____	BJWSA Promotional Item(s) Desired Items: _____

By what date do you need the contribution? \_\_\_\_\_

*Please submit complete proposals no less than 60 days before contribution is needed. Incomplete or late proposals may not be considered.*

To whom should the check be made payable? \_\_\_\_\_

Signature of Organization's Officer: \_\_\_\_\_

*Within 60 days following the event, please provide a letter or program showing how funds were used and the benefits received.*

**Internal Use Only**

Req. Number: \_\_\_\_\_ Date of Review: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Conditions: \_\_\_\_\_