



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: _____			