



CHARITABLE DONATION REQUEST FORM

The following information is *required* for Pennsylvania Skill Charitable Giving to consider your request:

- 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.
- A list of key staff and titles and current Board of Directors including officer status.
- If the request is over \$2,500, a quote is required for items and/or equipment to be purchased.
**If the request is over \$5,000, please provide three (3) competitive quotes.*

CONTACT INFORMATION

Date: _____ Organization: _____

Is this a 501(c)(3) IRS Approved Charity: Yes No EIN number: _____

Contact Person: _____ Title: _____

Email: _____ Cell Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Organization's Phone Number: _____

Contact's relationship to organization: Employee Volunteer Paid Worker Fund Raiser

Who referred you to apply? _____

DONATION REQUEST

Please specify how much the donation is you are seeking: *\$ _____ *Date Requested By: _____

**Please submit no less than 30 days before contribution is needed. Incomplete or late proposals may not be considered.*

**If the request is over \$2,500, a quote is required for items and/or equipment to be purchased. If over \$5,000, provide 3 competitive quotes.*

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Applications Received	Dec. 1 to Feb. 28	March 1 to May 31	June 1 to Aug. 31	Sept. 1 to Nov. 30
Donations Granted	March 1 to 31	June 1 to 30	Sept. 1 to 31	Dec. 1 to 31

Have you previously applied? Yes No Date/Donation Received: _____

How will the donation be used? _____

** Additional lines on Page 2 for additional information.*

To Whom should the check be made payable to? _____

Where should the check be mailed to? _____

ABOUT THE ORGANIZATION

Services your organization provides: _____

What, if any, advertising/recognition will Pennsylvania Skill Charitable Giving receive? _____

In what cities/counties does your organization provide services? _____

Website: _____ Social(s) Media: _____

ADDITIONAL SPACE FOR DESCRIPTIONS IF NEEDED

SIGNATURE

Signature of Organization Officer: _____

Printed Name: _____ Date: _____

Did you provide the following Information:

- Description of organization including mission and major accomplishments: _____
- Copy of the letter from the IRS stating your organization’s 501(c)(3) status: _____
- List of key staff and/or Board of Directors including officer status: _____
- A quote for equipment/items to be purchased with the donation: _____

