



Community Donation Request for Contributions & Sponsorships

Please complete this form, then print and submit via mail, email or fax, along with supporting materials to: Jeff Worth, Stoneham Savings Salem Five Charitable Foundation, 210 Essex Street, Salem, MA 01970. Email: jeffrey.worth@salemfive.com, Phone: 978-720-5366, Fax: 978-720-5970.

FOUNDATION USE:	
Check sent:	_____
Need Artwork?	Y N
Art Due Date:	_____
Ad/Logo Sent:	_____
Tickets/Seats?	Y N # ___
ESS	FL WD

Request submitted by:

Date submitted:

Legal Name of Organization:

Is organization a 501(c)(3): Yes No

If yes, provide Tax ID # (Required):

Executive Director:

Street Address:

City, State, Zip:

Phone:

Email Address:

Web Address:

Organization Information: (Briefly describe the history and mission of the organization - approximately 500 characters or 6 lines)

Describe Funding Request: (Briefly describe the goals and objectives for request - approximately 500 characters or 6 lines)

Amount of Request from Charitable Foundation:

Name of Event (if applicable):

Date of Event:

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– FOR BANK/FOUNDATION USE ONLY –

NOTE: Golfers are a bank expense. For golf events, please indicate amount requested for golfers \$

Bus. Line Pre-Approval? Yes No Golf Players Approved by JAW: Yes No RC: _____

Previous Donation(s): Yes No Donation(s) Date:

Amount Donated:

Qualify for CRA Credit: Yes No

Request Approved: Yes No _____ JAW Amount: _____

Payment Processing: Charitable Foundation Bank RC: _____ GL: _____

Board approval (if over \$5,000): Submitted Approved Date Approved: _____

Trustee approval (if over \$10,000) Submitted Approved Date Approved: _____