



## CHARITABLE GIFT REQUEST SUBMISSION FORM

(Email your completed form to [Giving@ESPCFrederick.com](mailto:Giving@ESPCFrederick.com))

### Organization Information

- 1) Organization Name: \_\_\_\_\_
- 2) Is this Organization a 501(c)(3):
  - a) YES  NO
  - b) Year Established: \_\_\_\_\_
  - c) Organization 501(c)(3) Federal EIN: \_\_\_\_\_
- 3) Organization Purpose: \_\_\_\_\_
- 4) Organization Website: \_\_\_\_\_
- 5) Organization Mailing Address:
  - a) Street \_\_\_\_\_
  - b) City/State/Zip Code \_\_\_\_\_
- 6) Primary locations/counties served by your organization: \_\_\_\_\_

### Organization Primary Contact

- 1) Name: \_\_\_\_\_
- 2) Email: \_\_\_\_\_
- 3) Direct Phone Number: \_\_\_\_\_
- 4) Person Title/Relationship to Organization: \_\_\_\_\_
- 5) Mailing Address:
  - a) Street: \_\_\_\_\_
  - b) City/State/Zip Code: \_\_\_\_\_

- Have you reviewed the ESPC Conflict of Interest Policy? YES  NO
- Will the charitable gift be used in accordance with the ESPC Conflict of Interest Policy? YES  NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

### **Please use the back side of this request submission form to describe the:**

- 1) Purpose of your organization.
- 2) The services provided by your organization.
- 3) How could your organization benefit from a charitable gift from the ESPC?
- 4) Number of seniors in Frederick County that would benefit from his charitable gift.
- 5) This charitable gift from the ESPC would be utilized to benefit older adults in Frederick County. *Please be specific.*

