HOMESERVE USA CHARITABLE CONTRIBUTION APPLICATION

1. Organization Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact: _____
(Name and Title)

Phone/Email: _____

2. As a recipient of this donation, please state how these funds would benefit residents of Jackson:

_____
_____
_____
_____
_____
_____

3. Please state how your organization supports basic human needs. How would you assist families undergoing life-threatening medical treatments or severe financial hardship, etc.

_____
_____
_____

_____

_____

_____

4. Does your organization help support our military? If yes, please specify:

   _____

   _____

   _____

5. Please specify if members of your staff are compensated or strictly volunteer:

   _____

   _____

6. Please explain the services your organization provides to the community and references of any past services. All references will be contacted so please provide all necessary contact information:

   _____

   _____

   _____

   _____

   _____

   _____

____I have read the Jackson Municipal Utilities Authority's HomeServe USA Charitable Donation Policy. (Please check)

____Attached please find a copy the IRS determination letter as proof of being a 501(c)(3) charity. (Please check)

Please submit this application, via mail or email, by September 1st to the following:

Jackson Township Municipal Utilities Authority

135 Manhattan Street

Jackson, NJ 08527

Attn: Heather Famelio, HomeServe USA Charitable Donation

hfamelio@jacksonmua.com