

*For internal use only*

Date received:

## APPLICATION FOR CHARITABLE CONTRIBUTION

Organization Name

Address

City  State  Zip

Phone  Fax

Email

Contact Person  Title

Project Name

Amount Requested

Federal Tax ID Number

Tax Exempt 501(c) 3 Number

*Application continues on next page*

### FOR OFFICE USE ONLY:

***Community Relations Manager***

Approved  Denied

Comments:

Date  Amount

***Charitable Contributions Board***

Approved Date

As submitted  With revisions

Revised amount

Comments:

Denied Date

Reason for denial

What county or counties in PA or MD will benefit most from this contribution?

Is this request for (check one)

- Programming costs  
 Special event sponsorship  
 Other (please describe)

Area of benefit (check one)

- Education  
 Public Safety  
 Community / Economic Development  
 Health and Human Services  
 Other (please describe)

If your request is for a special event sponsorship, please complete the following:

Date of event

Location

*Information you would need from Columbia Gas:*

Program ad

Needed by

Size

List of attendees

Needed by

Number of tickets/guests

Other (please describe)

Please describe the project in detail. Include the objective, benefits to the community, populations served, expected results and methods of evaluation. Attach any additional sheets if necessary.

Recognition for community initiatives is important to Columbia Gas. Please describe how Columbia will be recognized in the community for support of this project.

How will Columbia Gas be notified of the outcomes of this program or project?

Does your organization receive United Way funding? If yes, how much?

*Pennsylvania Organizations Only:* Is your organization eligible for the PA Education Improvement Tax Credit Program?  Yes  No

Please attach a listing of your organization's board of directors and paid staff members.

Please provide any additional information that would be helpful to Columbia Gas in processing your application (Attach additional sheets if necessary)