

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)