



CHARITABLE GIFT REQUEST SUBMISSION FORM

(Email your completed form to 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:

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- 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.*

