



# Ferguson Township

## Donation Request Form

- This form may be completed online and emailed to [cmartin@twp.ferguson.pa.us](mailto:cmartin@twp.ferguson.pa.us) or mailed to 3147 Research Drive, State College, PA, 16801. Attention: Centrice Martin, Township Manager.
- Please refer to Township website for donation policy: [www.twp.ferguson.pa.us](http://www.twp.ferguson.pa.us)

### ORGANIZATION INFORMATION

Name of Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Organization Website: \_\_\_\_\_ Contact Email Address: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

### EVENT OR PROGRAM INFORMATION

Has this organization received a donation from the Township in the past? Yes ☐ No ☐ If yes, when? \_\_\_\_\_

Please identify and list type of requested donation in options described below:

Monetary Amount: \_\_\_\_\_ In-kind Goods or Services: \_\_\_\_\_ Township Resources: \_\_\_\_\_

Event or Program Name: \_\_\_\_\_

Date, Time and Place of Event: \_\_\_\_\_

Purpose of Program or Event: \_\_\_\_\_

Description how funds, in-kind donations, or resources will be used: \_\_\_\_\_

Targeted area/community the event will serve: \_\_\_\_\_

Additional relevant information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Office use only:

Date received: \_\_\_\_\_

Date Donation Request Approved or Denied by Township Manager: \_\_\_\_\_

Township staff name and signature responsible for follow up: \_\_\_\_\_