



## Donation Request Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Organization URL: \_\_\_\_\_

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

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

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

Contact Title: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Description of services provided and community served:

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Description of Item(s) or Activity for which the donation is to be used:

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When will it be used?

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Completed form may be mailed to: **CSC of New Fairfield, PO Box 8260, New Fairfield, CT 06812-8260**