

Town of Somerset Donation Request Form

(Please print or type) (Application Deadline March 1st Annually)

Name: _____

Address: _____

Telephone _____ Fax: _____

Contact: _____ Email: _____

Non-Profit Status and Tax ID _____

Reason for Request _____

How will the funds be used?

How does your organization benefit the Town of Somerset citizens?

Requested amount: _____

*Please attach most recent fiscal year and financial statement and/or any other information you feel is pertinent to substantiate your request for funds. Requesting organization's principal officer:

Signature(s)

Date _____

I certify that donated funds will be used as stated above and that facilities etc. will be available for use by the Town of Somerset community.

Signature _____ Date _____

