



Charitable Donation Request Form

Date: _____

Please allow 4 weeks for review.
All requests should be sent to:
Giving@ctwater.com

Organization Information:

Name: _____ Contact Name _____

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Phone: _____ Email _____

About the Organization:

Mission: _____

Geographical Area Served: _____

Organization's Website Address: _____ Social Media: _____

Programs and Activities Supported : _____

Request:

List type and amount requested, what donation will be used for and the expected benefits. *(Check all that apply)*

- Monetary Donation Ad in Program Book In- Kind Contribution or Services Participation at Event

Internal Use: Amount _____ Date _____ Approved by: _____ Account _____

Category *(Company Use Only)*

- Charitable Cust Comm/Sponsor Comm. Engagement
 Division Service Town