



# Charitable Donation Request Form

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

Please allow 4 weeks for review.  
All requests should be sent to:  
[Giving@ctwater.com](mailto:Giving@ctwater.com)

## Organization Information:

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

Address: \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_  
*Street Address*

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

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Internal Use: Amount \_\_\_\_\_ Date \_\_\_\_\_ Approved by: \_\_\_\_\_ Account \_\_\_\_\_

Category *(Company Use Only)*

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