

Ambulance Service of Manchester, LLC

P.O. BOX 300
MANCHESTER, CONNECTICUT 06045

TEL: 860-647-9798
TEL: 860-649-9015

FAX: 860-643-0759

Organization Name: _____

501c(3) Status: Tax Exempt For-profit

Tax ID number: _____

Contact Person: _____

Mailing Address: _____

Phone Number: _____

Are you a paid solicitor? YES NO

Donation Distribution Requirement

Percentage of donation spent on program activities: _____ (must be >65%)

Percentage of budget spent on administrative costs: _____

Percentage of donation used for fundraising: _____ (must be <35%)

I certify the above is true to the best of my knowledge.

Printed Name _____

Signature _____

Fax To: (860) 643-0759 Attn: David Skoczulek

Parties requesting donations must include or attach:

1. Copy of IRS Letter of Determination verifying the organization's tax exempt status.
2. Brief statement of the organization's mission, goals, accomplishments, governance and geographical area served.

Preference given to those that include or attach:

3. Description and amount of the request and how the donation will be used.
4. The purpose of the event, a time frame for the activities and a description of who will benefit from the donation.