



Charitable Donation Request Form *

Organization Name: _____

Address: _____

Contact Name and Title: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Tax ID Number: _____ (Form 990 must be attached to all request forms)

Is the organization:

A 501(c)3 non-profit? Yes No (if no, we cannot consider your request)

A local chapter of a national charity? Yes No

Please give a brief summary of the mission of your organization:

Please describe the activities that your organization focuses on:

Please describe how our donation will be used and who will benefit from it (a short written report will also be required within 9 months of all donations):

* This request form shall serve as a request only and in no way is a guarantee or a promise of a receipt of charitable funds from the Connecticut State Medical Society Charitable Trust.

Please list any other organizations that you have applied to for support or who are currently supporting you:

Age group served (youth, seniors, etc.): _____

Please note any specific geographic areas, racial or ethnic or cultural groups that will be served by your project:

Amount of annual budget: _____ Amount of request: _____

If a donation is approved, check should be made payable to and mailed to:

If a donation is approved CSMS may ask for you for your input and/or quote and possible photo opportunity for a news release.

Signature: _____ Date: _____

Please send request (and Form 990) to:

CSMS Charitable Trust
Attention: Rhonda Hawes
127 Washington Ave.
East Building, Third Floor
North Haven, CT 06473
rhawes@csms.org

For CSMS Use Only

Received	Verified	Staff Review	Committee Review	Approved	Paid