



BATH TOWNSHIP DONATION APPLICATION

All grants/donations must be preapproved in writing by the Board of Trustees and the Board reserves the right to refuse to accept any gift for any reason.

Complete if the application is on behalf of an individual.

Check box for Anonymous Donations

Name of Individual or Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Complete if the application is on behalf of an entity.

Check box for Anonymous Donations

Name of Entity: _____

Name of Individual making application on behalf of Entity: _____

Phone Number: _____ Email: _____

Total Financial Donation(s) to Bath Township: \$ _____

Description of Non-Financial Donation: _____

Date of Donation(s): _____

If the donation(s) is for any specific purpose, provide an explanation of the purpose(s) for which the donation(s) is being made:

**If additional space is needed, please attach additional sheets with this information to this form.*

Purpose of Entity: If commercial, please provide a description of the nature of the commercial enterprise(s) of the entity. If Not-For-Profit, please provide a description of the charitable causes supported:

