



## HOMESERVE USA CHARITABLE CONTRIBUTION APPLICATION

### 1. Organization Information

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact: \_\_\_\_\_  
(Name and Title)

Phone/Email: \_\_\_\_\_

### 2. As a recipient of this donation, please state how these funds would benefit residents of Jackson:

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### 3. Please state how your organization supports basic human needs. How would you assist families undergoing life-threatening medical treatments or severe financial hardship, etc.:

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4. Does your organization help support our military? If yes, please specify:

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5. Please specify if members of your staff are compensated or strictly volunteer:

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6. Please explain the services your organization provides to the community and references of any past services. All references will be contacted so please provide all necessary contact information:

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\_\_\_ I have read the Jackson Municipal Utilities Authority's HomeServe USA Charitable Donation Policy. (Please check)

\_\_\_ Attached please find a copy the IRS determination letter as proof of being a 501(c)(3) charity. (Please check)

Please submit this application, via mail or email, by September 1<sup>st</sup> to the following:

Jackson Township Municipal Utilities Authority  
135 Manhattan Street  
Jackson, NJ 08527

Attn: Joan Haltigan, HomeServe USA Charitable Donation

[jhaltigan@jacksonmua.com](mailto:jhaltigan@jacksonmua.com)