

Stoughton Redevelopment Authority

10 Pearl Street, Stoughton, MA 02072

Roberta Harback
Chair
State Appointee

Peter Buckley
Vice Chair

Robert Desmond
Treasurer

Lisa Lyons

Community Outreach Donation Request Form

Please read the Stoughton Redevelopment Authority Community Outreach Policy, which can be found on the SRA's webpage (<https://www.stoughton.org/540/Redevelopment-Authority>) under Documents, before completing the Donation Request Form. All areas **MUST** be filled out completely for the SRA to process your request. Save this form to your computer, type in the requested information and emailed back to: srasec@stoughton-ma.gov

Organization

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

Email: _____

Contact person

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

Email: _____

Is your organization a 501(c)3 charitable organization? YES _____ NO _____

Briefly state the purpose of your organization

Date of fund-raising event: _____ Date of request: _____ Amount of Donation Request: _____

Briefly describe how our donation will be used.

Please Note: A completed application is not an agreement to honor your request. A previous donation does not guarantee a donation will be offered again for a specific event or donation amount. Although we would like to support every worthwhile cause, we must focus our efforts on those that provide the most benefit to the communities we serve. We appreciate the time and efforts of your organization and wish you success with your event.