

**Sidney United Way  
Request for Donation Information Sheet**

*United Way of Sidney shall be maintained and operated for charitable purposes only and have as its vision the development of the Sidney, Sidney Center and Masonville communities in regards to health, recreation, welfare needs of all people, equitably and thoroughly, regardless of sex, race, religion or economic status. The Directors may from time to time expand the area to include more territory.*

**Name of Organization:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_ **Date Needed:** \_\_\_\_\_

**Is your organization a 501(c)3?**     **Yes (attach certificate)**     **No**

**Do you have a Board of Directors?**     **Yes**     **No**

**Give a brief, but specific, explanation of how the funds would be used.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you expect to receive additional funding from other sources?**     **Yes**     **No**

**If yes, please describe source(s) and amount(s) you expect to receive.**

\_\_\_\_\_  
\_\_\_\_\_

**Would a representative from your organization be willing to attend a United Way meeting to answer questions or give further information, if needed?**

**Yes**     **No**

**Additional information or comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return to: United Way of Sidney, PO Box 14, Sidney, NY 13838