



**Waterford Group**  
Charitable Foundation, Inc.

914 Hartford Turnpike  
P.O. Box 715  
Waterford, CT 06385

Tel. (860) 442-4559  
Fax (860) 437-7752  
waterfordhotelgroup.com

**DONATION REQUEST FORM**

*Waterford Group Charitable Foundation is a private foundation that seeks to support the communities in which we live and work. Our mission is to improve the quality of life of others through monetary and gift-in-kind donations. These donations are provided to non-profit organizations that support health and well-being, youths, arts and cultural activities, and other various community initiatives.*

To be considered for a donation, an organization must be a registered non-profit organization, public charity or other tax-exempt organization as defined by the Internal Revenue Code. An IRS determination letter verifying certification as tax-exempt 501(c)(3) or the organization's Federal Tax ID number must accompany each request. The foundation will not support individual or non-charitable requests. All donations will be sent directly to the requesting organization's business address. Items will not be sent to individuals. Please allow 4 to 6 weeks for processing.

Please complete this form and send it, along with donation request materials, to:

**Waterford Group Charitable Foundation**  
**P.O. Box 715**  
**Waterford, CT 06385**

For additional information, please call **860.442.4559**

**GENERAL INFORMATION:** (Please attach IRS determination letter verifying 501(c)(3) certification)

Date \_\_\_\_\_ Charitable Organization Name: \_\_\_\_\_

Individual Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

501(c)(3) Tax ID Number or Federal ID Number: \_\_\_\_\_

**ORGANIZATION INFORMATION:** (Briefly describe the mission of the organization, and attach to this form any pertinent materials about your organization and/or your specific charity event)

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

**DONATION REQUEST:** (Briefly describe your request, including whether it is monetary or a gift in kind)

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

**TYPE OF REQUEST:** (Select one)

- Health/Well Being       Youth       Arts/Cultural       Various Community Support