

MONEY DONATION BOX APPLICATION FORM

Requests to place donation boxes for money from non-profit and charitable organizations and community-led initiatives, may be considered for approval by the Branch Manager in consultation with the Chief Executive Officer, as needed. The Library reserves the right to limit the length of time that a money donation box may be displayed and reserves the right to decline any application. The Library accepts no responsibility for lost or stolen money donation boxes or contents.

Point of Contact Information

Name: _____

Affiliated Organization (if applicable): _____

Address: _____ Email: _____

Phone: Home: _____ Cell: _____ Work: _____

Best way to contact me (i.e. home phone, cell phone, email, etc): _____

Fundraising Cause

Please briefly describe your cause: _____

Fundraising Dates:

I wish to place a money box in the Library from: Start Date: _____

End Date: _____

For myself, or on behalf of the group I represent, I have read, understood, and hereby agree to the terms and conditions set forth in the Selling and Soliciting Policy.

Point of Contact Name (print)

Point of Contact Signature

Date

LIBRARY USE ONLY

- Approved
- Not Approved

If not approved, provide rationale:

Authorized Fundraising Dates:

Start Date: _____

End Date: _____

Branch Manager Signature

Date