



# DONATION BIN APPLICATION FORM

## BASIC INFORMATION

Your Full Name :

ORGANIZATION NAME :

Date of Bin Placement : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Length of Time :  One Week  Two Weeks

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

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

Your Phone Number : \_\_\_\_\_ Your E-Mail : \_\_\_\_\_

Organization Phone Number : \_\_\_\_\_ Tax Exempt Number : \_\_\_\_\_

Along with your application, please provide any of the following as proof of your organization's 501(c)(3) status:

- a copy of a currently valid IRS tax exemption certificate;
- a statement from a State taxing body, State Attorney General, or other appropriate State Official certifying that your organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals; or
- a copy of your organization's certificate of incorporation or similar document that clearly establishes nonprofit status

## COLLECTION DETAILS

Project Name : \_\_\_\_\_ Items Collected : \_\_\_\_\_

Reason : \_\_\_\_\_ Project Contact Number : \_\_\_\_\_

## AGREEMENT

By signing below I agree to the following:

I will bring no more than one donation bin to be placed in the library front entrance vestibule only. The bin will be labeled clearly with my organization's name, purpose of the collection, and the phone number of a contact who can answer questions about the collection. I will check regularly to make sure that the bin is neat and the donations are not overflowing. I will remove the bin after the agreed upon time period, not to exceed two weeks.

I have read and understood the Tenafly Public Library Soliciting and Fundraising on Library Property Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date