

**MANASQUAN CARES INC.**  
**43 Abe Vorhees Drive, Suite 586**  
**Manasquan, New Jersey, 08736**  
**EIN #82-3241412**



**Donation Request Form (Printable Pdf)**

**Key Points to Consider When Completing This Form:**

- **Be clear and concise:** Clearly state your need for assistance and how the donation will be used.
- **Be transparent and detailed:** Provide details about your situation and any supporting documentation where appropriate.
- **Offer multiple donation options:** Include online payment links, mailing address, and any other relevant methods. (Note: Manasquan Cares does **not** pay directly to the person requesting the donation.)
- **Provide contact information:** Remember, your application, along with appropriate documentation will be carefully reviewed by Manasquan Cares. Make it easy for Manasquan Cares to reach out to you with additional questions.

**INFORMATION REQUESTED**

**1. Your Contact Information (where we can best reach you):**

Provide Your Name, Current Address, Contact Telephone Number, Email Address and any other information that will allow us to easily reach you.

## **2. About Your Situation/Donation Request:**

Describe in detail your current situation requiring assistance, including the preferred donation amount. Use additional pages if necessary:

## **3. How Your Donation Request Will Be Used:**

Explain how the funds will directly address your needs and provide and attach any supporting documentation that will help Manasquan Cares better evaluate your request (bills/estimates for lodging, medical, or other services, etc.) Remember, Manasquan Cares does not pay funds directly to the person requesting the donation.

**4. References (Required) :**

Provide the names and contact information for any individual(s) that you would like us to contact as a reference for this application. Please include the names of advocates and/or social workers if appropriate.

**5 Other Organizations (Required):**

Please list the names of any other organizations or individuals that you have contacted to seek assistance within the last 6 (six) months.

Did you receive any assistance or funding from these organizations?

**Please Print your full name, sign, and date the application:**

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<b>Print your name</b>	<b>Signature</b>	<b>Date</b>
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***Add additional pages if necessary. Return Application to Manasquan Cares Inc. at 43 Abe Vorhees Drive, Suite 586, Manasquan, New Jersey, 08736***