

LOMURRO LAW CHARITABLE FUND

4 Paragon Way
Suite 100
Freehold, NJ 07728
732.414.0300

The Charitable Fund is a non-profit, 501(c)(3) organization incorporated in the State of New Jersey

CHARITABLE FUND DONATION REQUEST

CHARITABLE FUND POLICY

The Lomurro Law Charitable fund is dedicated to making a difference in the lives of people by raising funds to directly benefit local individuals and families who are in need. Those needs span the wide variety of unfortunate circumstances that life may bring upon individuals or families. This may be due to an illness, such as ALS or Cancer, or to a disaster, such as a hurricane or fire. The circumstances are always different, but the need of help is always the same. Each year, members of our board seek out candidates in our community who have been challenged with hard times and who will continue to face adversity.

.GENERAL PROCESS

1. Fill out the Charitable Donation Request Form completely and submit the Form and all required documentation to the Fund's Selection and Review Committee by mail, e-mail or fax. (see below).
2. All completed requests for charitable donations will be reviewed by the Selection and Review Committee on a semi-annual basis.
3. The Charitable Fund will acknowledge receipt of your donation request via email or fax within three (3) weeks of receipt. The Fund reviews requests for donations twice annually. Requests for donations can be made at any time; however distributions will only be made up to twice a year. Exceptions will be made for requests made in emergent circumstances.

If you have any questions regarding a request for a charitable donation, please contact Marcie Margotti of the Selection and Review Committee at 732-414-0300 or mmargotti@lomurrofirm.com.

Mail, email or fax completed requests to:
Lomurro Law Charitable Fund
Selection and Review Committee
Attn: **Donna Lomurro**
Email: donnalomurro@lomurrofirm.com

REQUESTOR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Fax: _____ Email address: _____

Relationship to proposed recipient: _____

(Describe the nature of your relationship to the proposed recipient, including if you are an officer, member, employee, or have any other interest in the proposed organization)

How did you learn of The Charitable Fund? _____

**PROPOSED RECEIVING INDIVIDUAL OR ORGANIZATION
(if other than the requestor)**

Full name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Fax: _____ Email address: _____

Tax ID Number/Social Security Number: _____

INFORMATION WHERE DONATION SHOULD BE SENT IF APPROVED

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

For all donation requests, please provide the basis for your request (for example hardships faced by your or the family you are suggesting such as reduction of income, loss of a family member, foreclosure, health issues, etc) and describe how the contribution will be used (medical bills, utility bills, mortgage and please include account numbers)

(Attach additional pages if necessary)

By signing below I declare that the information on this form, to the best of my knowledge, is complete and accurate, that the recipient is in financial need and am aware that recipient may need to provide additional financial information.

Signature _____

Print Name _____

- Internal Use Only:**
Date received:
Date acknowledged:
Date reviewed by committee:
Final determination:
Check number and amount (if applicable):
Date donation provided (if applicable):