

**SOUTHAMPTON TOWNSHIP - FRANKLIN COUNTY  
2010 SHIPPENSBURG PUBLIC LIBRARY MATCHING FUNDS PROGRAM**

**APPLICATION FOR TOWNSHIP MATCHING FUNDS**

A SEPARATE FORM IS REQUIRED FOR EACH DONATION

**THIS SECTION TO BE COMPLETED BY THE RESIDENT MAKING A DONATION:**  
**UNLESS MARKED "(OPTIONAL)" ALL INFORMATION IS REQUIRED FOR MATCHING FUNDS**

NAME OF DONOR: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE (OPTIONAL): \_\_\_\_\_ EMAIL (OPTIONAL): \_\_\_\_\_

DATE OF DONATION: \_\_\_\_\_

AMOUNT OF DONATION: \$ \_\_\_\_\_

DONATION WAS MADE BY:  CHECK  MONEY ORDER  CASH

I CERTIFY THAT I WAS A RESIDENT OF SOUTHAMPTON TOWNSHIP, FRANKLIN COUNTY, ON THE DATE OF THIS DONATION AND THAT THE FUNDS DONATED WERE NOT PROVIDED TO ME BY ANY OTHER PARTY FOR DONATION TO THE LIBRARY. I AUTHORIZE THE TOWNSHIP TO TAKE ANY ACTIONS NECESSARY TO VERIFY MY ELIGIBILITY TO PARTICIPATE IN THIS MATCHING FUNDS PROGRAM.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY SHIPPENSBURG PUBLIC LIBRARY REPRESENTATIVE:**

WAS THIS DONATION MADE BY THE PERSON IDENTIFIED ABOVE: YES NO

AMOUNT OF DONATION: \_\_\_\_\_ METHOD OF DONATION: CHECK MO CASH

HAVE THE FUNDS CLEARED THE BANK: YES NO

**THIS SECTION TO BE COMPLETED BY SOUTHAMPTON TOWNSHIP :**

DONATION TRACKING NUMBER: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

DONATION AMOUNT: \_\_\_\_\_ AMOUNT OF MATCHING FUNDS DUE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

INFORMATION VERIFIED BY: \_\_\_\_\_ INFORMATION CONFIRMED BY: \_\_\_\_\_

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