

# Township of Edison

Middlesex County

CHERYL RUSSOMANNO  
ACTING TOWNSHIP CLERK



MUNICIPAL COMPLEX  
100 Municipal Boulevard  
Edison, NJ 08817  
732-248-7350  
Fax: 732-248-3738  
E-Mail: clerk@edisonnj.org

## CHARITABLE FUND DRIVE APPLICATION

Name of Charitable Organization: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Location Requested: \_\_\_\_\_

Date(s) & Time(s) Requested: \_\_\_\_\_

Number of people attending & names: \_\_\_\_\_

Nature/Type of collection/solicitation: \_\_\_\_\_

Adults Only with Visibility Vests  
All Soliciting must cease at 9pm.

If canning at an establishment, please fill out this form & have the store manager print, sign & stamp.

Store Name: \_\_\_\_\_

Organization Requesting Permission: \_\_\_\_\_

Dates Requested: \_\_\_\_\_

Times Requested: \_\_\_\_\_

Store Manager (PRINT NAME): \_\_\_\_\_

Store Manager Signature: \_\_\_\_\_

Store Stamp:

A large, empty rectangular box with a thin black border, intended for a store stamp. It is positioned to the right of the 'Store Stamp:' label.