



Charity Assistance Application

Phone: 803-332-4673 | Email: info@newhopethrift.com

226 West Church Street, Batesburg, SC 29006

Name of Organization: _____

Address of Organization: _____

Telephone #: _____

Federal ID # (501c3 #): _____

Please attach a copy of Federal 501c3 approval letter, not state sales tax exempt letter.

Purpose of Organization: _____

Annual Expense Budget: _____

Contact Name: _____

Relationship to Organization: _____

Address: _____

Phone #: _____ Email: _____

Signature: _____ **Date:** _____

By signing this document I hereby acknowledge that I have read and understand the application process and that the information given on this form is accurate.



Charity Assistance Application

Phone: 803-332-4673 | Email: info@newhopethrift.com

226 West Church Street, Batesburg, SC 29006

What type of assistance would you like?

Please check all that apply.

One time financial need. _____
(Special projects or one time needs of your organization.)

Yearly financial support. _____

Excess inventory.

Partnering with you through a donation drive or another means of promoting your ministry? _____

All applications will be processed by the Charity Distribution Committee of New Hope Thrift Store. This will happen the end of every quarter. You will receive a written notice to approve or deny your application.

Current Processing Schedule: March | June | September | December

**Filling out a Charity Application does not guarantee a donation to the applying organization. Organizations must meet the requirements of the New Hope Thrift Store Charity Support Guidelines and be approved by the board.*