



# Application for Non-Profit Donations at The Kalix Recycling Center

## Section A – Application

### Part 1 (For completion by applicant)

- Information entered below should be legible so that our records will show the correct information about your organization.
- The name shown must agree with the name that appears on all documents submitted to support this application.
- The applicant will be the contact person for all correspondence, unless The Kalix Recycling Center is otherwise notified.
- The applicant must sign the application.

1. Name of Organization	
2. Street Address of Organization (Include apartment or suite number)	3. City, State, Zip Code
4. Telephone (Include area code)	5. Name of Applicant (Must represent applying organization)
6. Applicant's Email Address	

Signature of Applicant	Title	Date
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### Part 2 (For completion by The Kalix Recycling Center)

Signature of Representative	Title	Date
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## Section B—General Information

### Supporting Documentation – Must be submitted with the completed application.

Evidence that the organization is a non-profit and that none of its net income inures to the benefit of any private stockholder or individual.

Acceptable evidence includes:

- An Internal Revenue Service (IRS) letter of exemption from payment of federal income tax                      OR
- If an IRS exemption letter is not available, a letter, on official state government letterhead, that states you are a non-profit organization, recognized by the state, territory, commonwealth, or tribe in which you are located

A statement from a member of the organization is not sufficient. (Do not submit State tax exemption information.)

## Section C—Terms and Conditions

An email will be sent monthly to the Applicant's Email Address provided in Section A, notifying the Organization of any outstanding donation balances. Unless otherwise notified, only the Applicant named in item 5 of Section A will be allowed to pick up tokens. All funds are to be picked up at the main office – 605 27<sup>th</sup> Street SE.