

## **SHARITY'S CHARITY**

Personal Donation Request Questionnaire

Individual Requesting Assistance						
	Address	S				
		_ (City, State, Zip)				
Phone	Number					
		_ (Home)				
		_ (Cell)				
		_ (Time Zone)				
Email .	Address					
4)	PLEASE A (All donations made thro	RSONAL QUESTIONS ANSWER QUESTIONS IN DETAIL cough this app will be made in Crypto Curi	rency)			
1)	How did you hear about SHARIT	Y ?				
2)	Do you have an Ethereum (ETH)	) address? (yes or no) If yes, pleas	e list it below.			
3)	How many people currently res	ide at your residence? Adults	Children			
4)	How many adults in your house	hold are currently working?				
.,	Please list jobs and salary below					
5)	Name	Place of Employment	Monthly Salary			
6)	Is anyone currently laid off? (Ye	es or No) If ves. who?				

7)	Does anyone receive Social Security Income, Social Security, Disability, Unemploymen or Public Assistance? If so, please explain, who and what they receive.		
8)	Does anyone have a Checking/Savings Account, Stocks, Bonds, Property, 401K or etc. (yes or no) Please explain.		
9)	Why are you requesting assistance?		
10)	O) Do you have a safe place to live? (Yes or No)		
11)	Is anyone in your household medically challenged? (Yes or No) If yes, please explain.		
12)	Have you ever been sued? Are you currently dealing with a lawsuit? (Yes or No). If you please explain.		
13)	3) Do you have a criminal record, or are you currently involved in a criminal or civil case (Yes or No). If yes, please explain.		
14)	What are your plans for a better future?		
	USAGE QUESTIONS  PLEASE ANSWER QUESTIONS IN DETAIL		
1)	If awarded, how would the donation be used?		
2)	Have you ever received a donation in the past? If so, from who, when and how was a donation used?		
3)	If granted, proof of what the donation was used for will need to be provided. Are yo willing to provide that proof? (yes or no)		
4)	How soon would you need assistance?		

5)		her important information a s? (Yes or No)		•		
6)	If awarded, we expect the donation given will be used for the person/people it was intended for, and what it was intended for. It cannot be traded, transferred, sold, or given to any other person or business. If you agree that you will adhere to this statement, please initial here					
		USE OF PHOTOS OR VID	EOS			
and vi and vi ackno	deos may be necessary, deos, please sign below. wledging that and explai	·	lic. If you agree to the u	se of pictures		
I agre	e to the use of picture a	nd videos: Signature		 Date		
I do n	ot agree to pictures and	video:				
		Signature		Date		
If you	do not agree, please exp	lain the reason.				
		ACKNOWLEDGEMENT OF	TRUTH			
quest misco inforn appro accep	ions truthfully and to the nstrue any information. nation to the best of my l val or denial of receiving	te this document, and I acknowledge. I hat it is best of my knowledge. I hat If any addition information knowledge and in a timely not funds or goods is expressly halice. I am aware that fals rosecuted.	ve not tried to hide, con is needed, I am willing to nanner. I understand that the decision of SHARITY	ceal or o provide that at the 1 and I will		
I agre	e to the above statemen	t:		_		
		Print Name				
		Signature		Date		
		Title of Person Signing				

**Sharity** is a non-discriminatory organization. We believe everyone should be treated equally regardless of race, creed, color, sex, national origin, religion, age, disability, marital status, citizenship, pregnancy, or any other characteristic protected by law.

## **IMPORTANT TAX INFORMATION**

Please note: The donations received by way of Sharity or businesses/persons working with Sharity will be 100% tax deductible.

By signing below you are agreeing with the statement above and your understanding of its content. You are also giving consent for Sharity to provide a receipt for the donation on your behalf.				
Print Name	Date			
Signature				