

Town of New Castle, New Hampshire
49 Main Street, PO Box 367, New Castle, NH 03854-0367

Telephone (603) 431-6710 Fax (603) 433-6198
Email: townadmin@newcastlenh.org



SAFE PATH DONATIONS

At the May 2015 Town Meeting the Town of New Castle established the Sidewalk Trust Fund by majority vote "for the purpose of installing new municipal sidewalks and to authorize the Select Board to accept gifts, legacies, devices, or grants, if any, which may be available for said purpose; to comply with all laws applicable; and to be the Agents authorized to expend.

Article XII Town Warrant 2015

Individuals wishing to make a gift for this purpose may do so at any time. Checks should be made to the Town of New Castle and accompanied with the attached form letter which provides the essential information the Town requires to accept gifts and donations, i.e., purpose, and timing of use of funds. The letter and check may be mailed to the Town of New Castle Attn: Finance/HR Administrator, Town of New Castle, PO Box 367, New Castle NH 03854, or at your convenience, dropped off at Town Hall.

If the donation is being made via a charitable fund, the donor will need to return the completed letter to the Town Administrator by email, townadmin@newcastlenh.org or by mail to the Town Hall as above. If a financial institution requires the Town's FIN#, please contact John Scruton, Town Administrator at 603-431-6710.

Charitable contributions to governmental units are tax-deductible under section 170 (c) (1), however, donors are advised to consult with their tax accountants as individual circumstances may vary.

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I, _____ am making a gift of
\$ _____ to the Town of New Castle Sidewalk Trust Fund, A.K.A.
“Safepath Fund”, to be used as intended according to the terms of the established
trust - to accept gifts, legacies, devices, or grants for the purpose of installing new
municipal sidewalks in the Town of New Castle N.H.

I understand and agree that both income and principal are available for expenses to
complete the Sidewalk projects.

Dated: _____

Donor's Name: _____

Donor's Mailing Address: _____

