

## CHARITABLE CONTRIBUTION REQUEST FORM

NAME:	
CHARITY:	
AMOUNT:	
DATE REQUESTED:	
FUNDRAISER DETAILS: (date of event, location, cause)	
Please attach a copy of an IRS(c)(3) ruling or other documentation substantiating tax exert and a completed W-9 form.	
Internal Use Only	
Date Received:	
□ Non-Profit Verified	
□ W-9 Received	
□ All Approval Signatures Received	