

POLICY NO. 100-190

Charitable Donations, Contributions & Sponsorships



REQUEST, SUMMARY, & DISPOSITION

REQUEST

Date of Request: _____

Name of Organization: _____ Tax ID#: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact person: _____ Telephone#: _____

Type of donation: _____ Cash amount: \$ _____

Mission/purpose of organization: _____

_____ A 501(c)3 non-profit: _____

How support will be used: _____

Organization's budget or funding goal: _____

Support received from other sources: _____

Documentation to verify tax status (if applicable): _____

Other information appropriate to evaluate request: _____

Is your group associated with any employee or director of CCEC?: _____ If yes, give name and

their role in your organization: _____

(attach additional sheets or documentation, if necessary)

Requesting Party's Signature: X _____

