



Community Unit School District 303

DISTRICT-WIDE DISTRIBUTION REQUEST FORM

DATE:

ORGANIZATION NAME:

CONTACT NAME:

EMAIL ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

CERTIFICATE OF NOT-FOR-PROFIT STATUS

Is this organization a recognized 501(c) 3 not-for-profit group?

Yes

No

- Attach 501(c) 3 Certificate

Will any FOR-PROFIT Business/Group/Organization/Individual benefit from the proceeds of this event or activity?

Yes

No

Accepted certificates will remain in effect for a period of one year and require renewal each July, or with the first posting request of a new school year.

Changes in an organization's 501(c) 3 status must be reported immediately to District 303.

I hereby certify that the above information is a true and accurate representation of our organization.

Signature

Print Name