



Community Unit School District 303

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

"Empowering and Inspiring ALL"