

## Decatur Area Development Fund, Inc.

Organization: \_\_\_\_\_

The \_\_\_\_\_ request permission to use the 501c3 status available to us through the Decatur Area Development Fund, Inc. (DAD) in our fundraising efforts. The purpose of the fundraising efforts is \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
DAD Representative

**Instructions:** Please insert the full name of the organization along with the purpose of the fundraising and two authorized representative signatures. The form will be retained at the DAD board.

- **Please have all checks written to the DAD with the name of your group in the memo line.**

Thank you.