

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 / Chamber of Commerce office.

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

Thank you.