

CAPITAL DISTRICT INSURANCE COMMUNITY, INC.

CHARITABLE CONTRIBUTION REQUEST

Name of Charity:	
Federal Tax ID Number:	
Address:	
City:	
State:	Zip Code:
Telephone Number:	
Email:	
Website:	
Description of Charitable Organization (Attach brochure if available):	

Sponsoring Organization:	
Board Member:	
Date:	

Action by CDIC Board

Approved:	Date:
Paid:	Date: