

**CAPITAL DISTRICT INSURANCE COMMUNITY, INC.
Charitable Contribution Request**

Name of Charity:	
Federal Tax ID:	
Mailing Address:	
Charity Contact Person:	
Title:	
Telephone:	FAX:
Email:	
Description of Charitable Organization: (Attach brochure if available)	

Sponsoring Association/Board Member:
Date: ____/____/____
(Albany Field Club, Albany Claims Association, Insurance Professionals of Albany, Northeastern New York Chapter of the Society of CPCU, Independent Insurance Agents and Brokers of the Capital Region)

Action by CDIC Board:

- Approved for Year 20**____ Not Approved Deferred for more information