

# CHARITABLE DONATION REQUEST FORM

All the following information is required for CU1 EDA, Inc. to consider your request.

Organization: Broadmeadow Elementary School Date: 09/18/2024  
Organization's Contact Person: Sarah Bice Title: Library Paraprofessional  
Mailing Address: 1 Aviation Center Drive City: Rantoul State IL Zip 61866  
Phone Number: (217)893 5405 Email Address: sbice@rcs137.org

Please make certain your proposal includes the following information:

- A description of your organization, including its mission and major accomplishments.
- A copy of the letter from the IRS stating your organization's 501(c)(3) status, if applicable.
- A list of key staff and titles current Board of Directors including officer status, if applicable.

Contact person's relationship to the organization:

Employee \_\_\_\_\_ Volunteer \_\_\_\_\_ Paid Worker \_\_\_\_\_ Fund Raiser X

What services are rendered by our organization? Monetary Donation

What percentage of the donation will be used to help low to moderate income individuals or families? 100%

How will this donation be used? The donation will be use to help support the love of literacy to our students by providing a book of the students choice to every student in the school.

What type of contribution are you seeking? (Please, check one of the following)

X Monetary \$ \$2000 (please be specific);

To whom should the check be made payable to: Rantoul City Schools

\_\_\_\_\_ CU1 Educational Development Association, Inc. Promotional Item(s)

Desired Item(s): \_\_\_\_\_

By what date do you need the contribution? October 7, 2024

*Please submit complete proposals no less than 30 days before contribution is needed. Incomplete or late proposals may not be considered.*

Submitted: Sarah A Bice  
Signature

Sarah Bice , Library Paraprofessional  
Print Name and Title (if any)

Internal Use Only:

Req. Number: \_\_\_\_\_ Date of Received: \_\_\_\_\_ Date of Review: \_\_\_\_\_ Approved/Denied (circle one)

Conditions (if any): \_\_\_\_\_