



HOFFMAN ESTATES
PROFESSIONAL FIRE FIGHTERS ASSOCIATION
LOCAL 2061

P.O. Box 957061

Hoffman Estates, IL 60195-7061

CHARITABLE DONATION REQUEST GENERAL PROCESS

In order to request a charitable donation from the Union, please follow the process outlined below:

- 1) Fill out the Charitable Donation Request Form completely and submit the Form and all required supporting documentation to the Union by hand or mail (to the address on our letterhead).
- 2) All completed requests for charitable donations must be reviewed by the Union at least one week prior to the next stated Union meeting. Please note that incomplete requests or requests received after the submission deadline will not be reviewed until the following meeting. The Union can not approve a donation request for an event that has already occurred. A donation request for a specific program must be reviewed and voted on prior to the date of the program.
- 3) The Union will acknowledge receipt of your donation request via email or voice contact prior to its presentation at the Union meeting. It is recommended that the Union member requesting the charitable donation is present at the meeting where it is brought for a vote.
- 4) If you have any questions regarding a request for a charitable donation, please contact the Union Treasurer or Secretary.



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CHARITABLE DONATION REQUESTOR INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternative Phone: _____

Email Address: _____

Relationship to receiving organization: _____
(Describe nature of relationship and note specifically if you receive compensation from or have an investment interest in the receiving organization.)

PROPOSED RECEIVING ORGANIZATION (if other than Requestor)

Full legal name of recipient: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Tax ID Number _____

Name of Union member responsible for Donation: _____

Phone: _____ Alternative Phone: _____

Email Address: _____

Charitable Donation

1. Proposed amount of Charitable Donation: _____

2. Description of how the contribution will be used: _____



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INFORMATION WHERE DONATION SHOULD BE SENT IF APPROVED

Name: _____

Position/Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternative Phone: _____

Fax: _____ Email Address: _____

Internal Use Only:

Date Submitted: _____

Date Proposal was Voted on: _____

Result of Vote: _____ For _____ Against

Date of Payment if approved: _____



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