





Contributions must be made to qualified organizations. Qualified organizations include Federal, state, and local governments (including school districts) and 501(c)(3) organizations organized and operated only for charitable, religious, educational, scientific, or literary purposes, or for the prevention of cruelty to children or animals.

□Ma	Please indicate whi dison Half Marathon & 5k/10k (May 27-29)	ch event(s) your group is interested in volunteering f Taste of Madison (Sep 3-4) Madison Full & Ha	for: alf Marathons (Nov 12 -13)
1	Volunteer Group		
2	Volunteer Group Contact		
3	Contact (for above) Phone Number & e-mail		
4	Charity		
5	Charity Registration # 501(c)(3) # or similar		
6	Contact Person at Charity:		
7	Phone Number and email of Charity Contact person		
8	Mailing Address of Charity		
receip deter Checl appoi	ot of a signed copy of this form alo mination letter or its equivalent	he Madison Festivals office (see below add	eral 501(c)3
Autho	rized Representative (printed)	Authorized Representative signature	