

AR RAHMAN FOUNDATION

15 WEST 29TH STREET NEW YORK NY 10001 TEL 917-587-1874

Fundraising Request Form

Organization's Information (all fields required)

Name of Organization: Tax ID:
Contact Person: Cell Phone:
Telephone: Fax:
Email: Website:
Street Address:
City State Zip
Description of Organization:

Fundraising Details (all fields required)

Purpose of Fundraising Event:
How is the organization going to use the collected funds?
.....
Date of Fundraising Event: 2nd Alt. Date: 3rd Alt. Date:

Terms and Policies

No application will be considered unless all the following conditions are met:

- This form must be submitted one month in advance.
- Two letters of recommendation from two recognized organizations or Muslim community leaders.
- Incorporation papers of your non-profit status.
- The IRS report of the last year (990 Form) or Audited Financial Statement.

Processing the collected donations:

- Do not allow to ask donation as auction style
- After collection the funds notify the amount to the management

AR RAHMAN FOUNDATION 'Policies:

- AR RAHMAN has stated its vision, mission, and goals. Organizers and leaders of any organization accept responsibility to ensure that their activities do not violate AR RAHMAN FOUNDATION, and goals.
- AR RAHMAN is a multi-ethnic, multi-racial, multi-lingual, non-sectarian, diverse and open community committed to full and equal participation and involvement of all of them
- AR RAHMAN is a not-for-profit tax-exempt organization registered with the Internal Revenue Service under revenue code 501(C) 3.
- In case of violation of any of the above guidelines, approval granted under this application will be terminated immediately, at the sole discretion of AR RAHMAN FOUNDATION MANAGEMENT
- AR RAHMAN FOUNDATION reserves the right to change these terms without a prior notice.

Acceptance and Authorization

I, , the undersigned, am an authorized representative of the organization listed above. I have read, fully understand and agree to comply with AR RAHMAN FOUNDATION Fundraising Policies for external organizations seeking to solicit funds for charitable purposes. I have also read and understand MAS Boston’s mission statement.

.....
Signature of Representative of the Fundraising Organization

.....
Current Position

.....
Date

FOR OFFICAL USE ONLY

Received Date:

Decision Date:

Decision By:

Decision:

Notes:
.....