



Request for a Copy of the Non Profit 501(c)(3) Status Letter

Today's Date: ____/____/____

Requester: Group Area Event (Check one)

Requester's Name: _____

Address: _____

City: _____ State: CA Zip: _____

Phone: () _____ - _____ Ext: _____

The Non-Profit Status form is only for the Facility requesting a copy and will not be provided to an individual member or Group. The form will be sent directly to Facility Contact.

Facility's Contact Information

Name: _____

Facility's Name: _____

Address: _____

City: _____ State: CA Zip: _____

Phone: () _____ - _____ Ext: _____

Fax No. () _____ - _____

Email Address: _____

Location's Address – (if different than Facility's Contact Information)

Address: _____

City: _____ State: CA Zip: _____

Phone: () _____ - _____ Ext: _____

Fax No. () _____ - _____

Email Address: _____

Complete this form, save it, and mail to:

NCRSO Inc.

1820 Walters Court, Suite A-1

Fairfield, CA 94533

You can Fax form to 707-422-9128 or Email to the NCRSO Special Worker: ncrsosw@norcalna.org