

Arizona Regional Service Committee Inc.  
P.O. Box 1351Phoenix,  
Arizona 85001

**501(c)(3) Non-Profit REQUEST FORM**

All requests need to come from the facility on their letterhead. Specifically, stating the facilities need for the 501 (c)(3) non-profit number. A letter from the BOD will be provided directly to the facilities that require them. There is no need to request a 501 (c)(3) non-profit number if the facility that you are using is not asking for one. **All of the information requested below must be supplied along with the facilities request on the facilities letterhead to order your 501(c)(3) Non-Profit number.**

**Name of Facility:** \_\_\_\_\_

**Contact Person of Facility:** \_\_\_\_\_

**Contact Phone Area Code/Number:** \_\_\_\_\_

**Contact Fax Number (Include Area Code):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Fellowship Contact Person of the meeting:** \_\_\_\_\_

(Full name disclosure)

**PLEASE REQUEST YOUR CERTIFICATES 30 DAYS PRIOR TO THE START OF THE MEETING. THIS APPLICATION CAN BE REQUESTED AND SENT VIA EMAIL.**

**Chief Financial Officer**  
**BOD\_CFO@Arizona-NA.org**