Affidavit of Nonprofit Designated Requester Form			_
Complete this form only if you are preparorganization.			he nonprofi
1. I have personal knowledge of the fact	s appearing in this affida	avit.	
2. Please state your position within the r	nonprofit organization:		
Your name (type or print):			
Address:			
Street	City	State	Zip
Phone:	Email:		
By signing this Affidavit I affirm the Nonprofit on behalf of the nonprofit or ordered to submit the Affidavit of Non	rganization and have b	-	
		Date:	
Signature			

County, State of Michigan Acting in the County of _____

Commission Expires: _____

Sworn or affirmed before me on _______,

_____, Notary Public