

FUNDRAISING APPLICATION



To schedule a DLP fundraiser, please fully and accurately complete the application below. After submitting, a DLP manager will contact you within one week if we are able to accommodate your organization and confirm the details. Please return this application and completed W9 form with your organization's information to Melissa or Brian during regular business hours.

Organization: _____

(The organization the funds will be benefit, as written on tax records and to whom check would be made payable)

Contact Name: _____

Contact's Phone Number: (_____) _____

Contact's E-mail Address: _____

Title: _____

Organization Street Address: _____

(must match Tax ID #)

City: _____

State/Zip: _____

Organization Phone Number: (_____) _____

Has this group participated in a DLP fundraiser in the past? Yes No

How did you hear about DLP's fundraising? Employee Friend

Newspaper In-store Online Past Participation

Supported another Organization

Purpose or goal of fundraiser: _____

I would like to have a fundraiser in:

January February March

April May June July August

September October November December

Additional Comments: