



**Delaware Community Foundation's
MAILING APPLICATION**

CONTACT INFORMATION:

Name of Fund:

Contact Person:

Title:

Contact Address:

Contact Phone: (W)

(H)

(C)

EVENT INFORMATION:

Name of Mailing:

Is this a print or electronic mailing?: Print Electronic

Is the primary purpose of your mailing to fundraise? Y N

How many individuals/companies will you be mailing too?:

Estimated Gross Revenue:

Budget (Please enter the cost for the following):

Design:

Printing:

Postage:

Mailing Services:

Other (Please describe any additional expenses you anticipate or if any services will be donated):

AGREEMENT SIGNATURE:

I agree to follow all DCF policies and procedures, including the Fundraising, Promotion and Event Guidelines for Component Funds and any other DCF staff directions.

Name:

Date:

Signature:

Please return this completed application to:

Michelle Marshall, Gift Administrator

Delaware Community Foundation

P.O. Box 1636

Wilmington, DE 19899

(p) 302.504.5227 (f) 302.571.1553

mmarshall@delcf.org

Thank you for your efforts to build permanent charitable capital for the community!