



**Delaware Community Foundation's  
OTHER APPLICATION**

**CONTACT INFORMATION:**

**Name of Fund:**

**Contact Person:**

**Title:**

**Contact Address:**

**Contact Phone: (W)**

**(H)**

**(C)**

**EVENT INFORMATION:**

**Name of Activity:**

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

**Estimated Gross Revenue:**

**Estimated Expenses:**

**Describe your activity (Once this application is reviewed DCF staff may require more information.):**

**AGREEMENT SIGNATURE:**

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

**Name:**

**Date:**

**Signature:**

Please return this completed application with all requested documentation 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](mailto:mmarshall@delcf.org)**

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