

To request funding from Delta Dental, please complete the following steps:

- Complete the form below.
- Attach supporting documentation about your organization/program for which you are hoping to obtain funding.
- Attach a copy of your organization's completed W-9.
- Send all of the above to [corporatcitizenship@deltadentalmi.com](mailto:corporatcitizenship@deltadentalmi.com).

Today's date: \_\_\_\_\_

Name of organization: \_\_\_\_\_ Organization Tax ID Number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Contact name: \_\_\_\_\_ Contact title: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Contact email: \_\_\_\_\_

Event/program title: \_\_\_\_\_

Approximately how many people do you anticipate will participate in this program? \_\_\_\_\_

Total cost of program: \$ \_\_\_\_\_ Amount requested from Delta Dental: \$ \_\_\_\_\_

Are you seeking other sponsors?  Yes  No

If so, please list: \_\_\_\_\_

Program start date: \_\_\_\_\_ Program end date: \_\_\_\_\_

Does your organization/program benefit (please check all that apply):

Adults  Arts  Children  Community development  Education  Health and well-being

Low-income and/or at-risk individuals  Minorities  Other: \_\_\_\_\_

Please provide a brief description of your organization and program. Please also attach supporting documentation about your organization/program for which you are hoping to obtain funding.

Date funds are needed: \_\_\_\_\_

NOTE: Delta Dental may choose to accept or deny any contribution request at any time.

**Thank you for your request. We will be in contact shortly after your request is submitted.**

*Delta Dental of Michigan, Ohio, and Indiana*