

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 corporatecitizenship@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