

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. *Requests will not be reviewed if a W-9 is not included.*
- **Send all of the above to Carmen Argersinger at cargersinger@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: _____

Your organization/program benefits (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.