

THIRD-PARTY APPLICATION (Please print or type)

1. Name of Company/Organization:					
2. Contact Name:					
Title: Phone: Fax:					
E-Mail: Website:					
Address:					
City: State: Zip:					
3. Date(s) of event/promotion:					
4. Location of event & address:					
5. Description of event/activity (i.e., basic concept/promotion/goal):					
6. In what way would you like to submit your contribution to United Way of Delaware County?					
7. Projected Minimum/Maximum Dollars \$ / \$ or% of income to United Way of Delaware County					

_	nizations receive a portion the dollar amount \$			
•	of United Way of Delaware or collateral materials are y (Please check)			•
Unit	ed Way of Delaware Count	y (typed words)		
Unit	ed Way of Delaware Count	y (graphic logo)		
Abo	ut United Way of Delaware	County one pager	(pdf)	
	involved one pager (pdf) ose to use each of the abo	ve?		
(Note: Pre-appro	val is required before distri	bution.)		
10. Is there any o	ther additional informatior	n about the event y	ou would like to s	hare?
	nclosed United Way of Del gree to all of the terms of a	•	ird-Party Fundraisi	ing Guidelines and both
Signature of Resp	onsible Party		Date	