



FOUNDATION REQUEST FORM

Is this non-profit organization a 501(c)(3)? **YES** **NO** *Please submit the information in Word or PDF along with this application. **Requests that do not include this information will not be considered.***

Is the organization's W-9 and tax exempt form included with this application? **YES** **NO**

DATE: _____ **Type of Request** _____ **Donation** _____
(if applicable) **Volunteer** _____

REQUESTOR INFORMATION _____ **AMOUNT REQUESTED: \$** _____

Name: _____
First Name Last Name

Address: _____
(HOME) Street

_____ **City** _____ **State** _____ **Zip Code** _____

Phone: _____ **FAX:** _____

E-mail: _____

Employer: _____

Occupation: _____

Date of Hire: _____

NON-PROFIT ORGANIZATION INFORMATION _____

Organization Name: _____

Contact: _____
First Name Last Name

Address: _____
Street

_____ **City** _____ **State** _____ **Zip Code** _____

Phone: _____ **FAX:** _____

E-mail: _____

Website: _____

Has M.C. Dean, Inc. contributed to this organization before? **YES** **NO**

Date Contributed: _____

Amount Contributed: \$ _____

Service Contributed: _____

INSTRUCTIONS

Please complete this form in its entirety. Incomplete forms will not be considered.

Please submit your request using one of the following methods:

E-mail: Please e-mail form to foundation@mcdean.com

FAX: Please include a cover sheet and fax to 703-463-2672

Mail to:
M.C. Dean Foundation
22461 Shaw Road
Dulles, VA 20166

Please allow three weeks for processing before inquiry of the request.

If the request is approved, please select a method to receive the check

I will pick up at the corporate office (see address above)

Please mail the check to the organization address

OFFICE USE ONLY

Please do not complete this section.

Approved: _____

Amount Approved:
\$ _____

Denied: _____

Reason: _____

Date: _____



