



Request to Partner

Part I: Organization Information:

Organization Name _____

Contact Name/Title _____

Address _____ City _____

State _____ Zip Code _____ Phone Number _____

E-mail Address _____ Website _____

Part II: Program Information:

Target Population: Grade(s) _____ Proposed # of Students _____

Number of Supervising Staff Members Available for Class _____

Please list any specific student population this program must serve:

Program Start/End Date _____ End Date _____

Program Hours: From _____ To _____ ; _____ times per week/month

Part III: Financial Information:

Many of our classes for K-12 students are offered free of charge through the de Mazia Foundation's community outreach. What amount could your organization contribute to support our aesthetic appreciation classes? _____

Please mail, fax or e-mail your Request to Partner to:

Violette de Mazia Foundation
400 E. Lancaster Ave., Suite 204
Wayne, PA 19087
P. 610-971-9960 F. 610-971-9961
info@demazia.org