



The Violette
de Mazia
Foundation

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:

School/District _____ Proposed # of Students _____

Program Start/End Date _____ End Date _____

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

Program Dates: _____

Part III: Financial Information:

This program is designed to be taught in five sessions of three hours each, during teacher in-service days. The cost for the five session program is \$4,800.00. Additional program hours may be added and the cost for additional training sessions will be negotiated on an individual basis.

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