(Please type or print)   FUNDRAISING APPLICATION   MARK ONE:

Lansing School District   ﻥ New Application
519 W. Kalamazoo   ﻥ Update
LANSING MI 48933   Date:_____
(517) 755-3030 FAX (517) 755-3029

DUN & BRADSTREET RATING (if available)

NAME OF COMPANY	FEDERAL ID NUMBER (OR) SOCIAL SECURITY NUMBER

ADDRESS	

ADDRESS TO WHICH PAYMENTS ARE TO BE MAILED	

PARENT COMPANY AND ADDITIONAL OFFICE LOCATIONS IN MICHIGAN (May attach separate sheet)	

E-MAIL ADDRESS:	WEB SITE:

TYPE OF ORGANIZATION ﻥ Individual ﻥ Partnership ﻥ Corporation	TELEPHONE #:_____FACSIMILIE #:_____

PERSONS TO CONTACT AND THOSE AUTHORIZED T CONTRACTS IN YOUR NAME (if agent, so specify)

Name	Official Capacity	Telephone No.

Please complete the following:

STANDARD PAYMENT TERMS: _____   PROMPT PAY DISCOUNT: _____   STANDARD DELIVERY TIME:_____

FOR REPORTING PURPOSES ONLY

Business located within Lansing School District? Yes _____ No_____

Please list percentage and circle category that applies:

MINORITY OWNED: _____% Native-American Asian-Pacific American African-American Hispanic-American Asian-Indian American

WOMEN OWNED: _____% White Native-American Asian-Pacific American African-American Hispanic-American
                      Asian-Indian American

DISABLED: _____%   SMALL BUSINESS: Yes _____ No _____
(Please list references on reverse side).   Enclose descriptive literature and price list with application.

I have reviewed the Lansing School District Fundraising policies attached. All information submitted is accurate and true.
SIGNATURE OF PERSON AUTHORIZED TO SIGN THIS APPLICATION

_____

NAME AND TITLE OF PERSON SIGNING (Please type or print)

_____

Lansing School District is an Equal Opportunity School District