



FUNDRAISER APPLICATION

2010

Organization Name:

Contact Name/Title:

Address:

Phone:

Email:

Brief summary of services provided:

*A copy of your organizations 501(c)3 determination letter **must** accompany this form. Please return your information no later than September 15, 2010.

Mail to: MCCF, P.O. Box 1012-C, Big Rapids, MI 49307
www.mecostagives.com