



Del E. Webb Foundation

Contact Information

Name of Organization

Today's Date

PHYSICAL Address

EIN (shown on 990)

City, State and ZIP

MAILING Address

City, State and ZIP

Website

Name of Contact Person

Title

Contact's Email Address

Cell Phone Number*

Name of Person submitting this Letter of Intent

Title

Cell Phone Number*

Your Email Address

Are you on staff at this organization? (Y/N)

*Please note that we will only contact you regarding your grant request and your contact information will be kept confidential. We prefer to use Cell Phone Numbers.

Comments:

How did you find us? _____