

**LANGUAGE LIZARD FUNDRAISING PROGRAM
APPLICATION**

*Please send application via email to info@LanguageLizard.com or
via mail to Language Lizard, LLC, Fundraising, PO Box 421, Basking Ridge, NJ 07920*

School/Organization

School/Org Name: _____

Address: _____

Phone: (_____) _____

Email: _____

Website: _____

Type of school/organization (e.g., K-6 elementary school, language school,
cultural organization): _____

Tax ID: _____

Approximate number of people in school/organization who will receive the
Language Lizard information: _____

Contact person at school/organization for Fundraising Program:

Contact name: _____

Contact address: _____

Contact phone: (_____) _____

Contact email: _____

Requested timeframe for fundraiser (typically 4-6 weeks)

From (mm/dd/yyyy): _____ To (mm/dd/yyyy): _____

Payment (Fundraising check)

Send check to: _____

**note: check will be made out to the school/organization and will be sent to the
school/organization address unless otherwise requested.*

*If you prefer to start a multicultural library and receive books instead of cash,
please let us know.*