



**Nonprofit Partner Application
2010**

Date of Application: _____

Organization Name: _____

Contact: _____ **Phone:** _____

Email: _____

Website: _____ **Title:** _____

Type of Organization (i.e. Educational, Service, Club, etc.):

What does your organization do? _____

If applicable, how many members does your group have? _____

Why would you like to be involved in Summer Streets? What are the goals you would like to achieve as a Non-Profit Partner? _____

What could you provide Summer Streets? (please indicate all that apply)

- | | | |
|--|---------------------|--------------------------------|
| <input type="checkbox"/> Volunteers: | Approx. Qty.: _____ | <input type="checkbox"/> Other |
| <input type="checkbox"/> Bike Rental: | Approx. Qty.: _____ | |
| <input type="checkbox"/> Classes | | _____ |
| <input type="checkbox"/> Demonstrations | | _____ |
| <input type="checkbox"/> Products | | _____ |
| <input type="checkbox"/> Services | | _____ |
| <input type="checkbox"/> Database Access | | _____ |

Comments/Notes: _____

Please submit applications by Friday, July 9th, 2010.

Email: mlacasse@leaddogmarketing.com

Fax: 212.741.5013, Attn: Matt LaCasse

Mail: LeadDog Marketing Group

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