Name:

Job Title/Position:

Organization/Affiliation:

Street Address:

City, State, Zip:

Home Telephone:

Business phone:

E-mail:

**I am applying for acceptance in the following Certificate Program(s) [check all that apply]:**

Fundraising \_\_\_

Marketing & Communications\_\_\_

Nonprofit Management \_\_\_

Customized Certificate \_\_\_

(contact Robert Fennell to design ideal curriculum: (215) 991-3676 or fennell@lasalle.edu)

**Please send the completed form to:**

**The Nonprofit Center**

**1900 W. Olney Ave.**

**Philadelphia, PA 19141**

**By fax: 215-991-2967 By email:** **fennell@lasalle.edu**

Once we have received the completed form and processed your application we will contact you by email to confirm your enrollment on the certificate. You can register for courses online - <http://www.lasallenonprofitcenter.org/courses/>