

Mosaic Foundation
Eleventh Annual Benefit Campaign
Tuesday, May 6th, 2008

PRESS CREDENTIAL REQUEST FORM

_____ Yes, I am requesting press credentials for the 2008 Mosaic Foundation Benefit Dinner

Organization: _____

Name(s): _____

Address: _____

Telephone: _____ Facsimile: _____

Email: _____

For more information, contact:

Evan Clifthorne

Tel: 202-388-0000

Email: press@mosaicfound.org

Please return this form to:

Mosaic Foundation

730 11th Street, NW, Suite 302

Washington, DC 20001

Facsimile: 202-388-0061

**This form must be completed to receive
press credentials for this event.**

Notification of credentials will be sent via
email, unless otherwise requested.

Additional Information/Requests: _____
