

## **RESTRICTIONS ON USE AND WEB LINK PROCEDURES LICENSEE APPLICATION**

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**If you, or the chapter, group or organization that you represent, wish to be a Licensee and obtain Deborah's permission to use or refer to the name Deborah on the Licensee web site, please provide and submit the following information:**

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Chapter, Group or Organization Name (as applicable):**

\_\_\_\_\_

**(Address)**

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Phone Number: (Work)** \_\_\_\_\_

**and home (if individual):** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Web site Address: \_\_\_\_\_

In what industry are you? \_\_\_\_\_

Summary objective of web site: (Include in your summary objective a description of the primary purpose for using or referring to the name Deborah)

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Will the Licensee web site encourage users to seek donations on behalf of Deborah, and if so, will the Licensee web site provide a link to Deborah's own web site for this purpose?

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*Please print and mail the above form to:*

Deborah Hospital Foundation  
20 Pine Mill Road, Browns Mills, NJ 08015

**BY COMPLETING AND SUBMITTING THIS FORM TO DEBORAH, YOU AGREE TO ABIDE BY ALL OF THE TERMS AND CONDITIONS DESCRIBED IN THE INTERNET POLICY.**

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Should you have any questions regarding this Application or the terms and conditions of the Internet Policy, please feel free to e-mail us at:

[webmaster@deborahfoundation.org](mailto:webmaster@deborahfoundation.org)

