

 **The Memorial Foundation**
Community Fundraising Event Application

I have read and agree to follow The Memorial Foundation's fundraising guidelines.

Event Host Information

Contact's Name: _____

Title: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: home cell work: _____

Contact's E-mail: _____

Event Information

Event name: _____

Event location: _____

Date(s) of event: _____

Time of event: _____

Proceeds to benefit: Cancer Care Children's Health End of Life Healthy Yakima

Other program: _____

Besides The Memorial Foundation, will other organizations benefit from this event? Yes No

If yes, please list each organization: _____

Is this a first-time event? Yes No

This event is: By invitation only Open to the public

Describe the proposed fundraising event and how funds will be raised: _____

Will you be advertising or publicizing this event? If yes, how?

List businesses that you plan on soliciting for cash and/or in-kind donations.

Financial Information

Estimated expenses: \$ _____

How will expense be paid? _____

Estimated revenue: \$ _____

Estimated amount/percentage of donation to The Memorial Foundation: \$ _____
(You are not liable for this amount)

Expected date of donation: _____
(Should be within 60 days of the end of your event)

Assurances

I agree that until written permission has been granted, contributions will not be solicited in the name of The Memorial Foundation or Yakima Valley Memorial Hospital and neither names nor logos will be used for any other purpose without the written approval. **Yes** **No** **Initials** _____

Once final approval has been granted, I agree to adhere to the guidelines provided by The Memorial Foundation. **Yes** **No** **Initials** _____

Signature

Date

Please mail/fax this application to: **The Memorial Foundation**
 ATTN: Community Partner Event Coordinator
 2701 Tieton Drive
 Yakima WA 98902
 Fax (509) 576-5772

For The Memorial Foundation Office Use Only

Approved **Not Approved**

Notes: _____

Memorial Foundation Representative

Date