



# Fundraising Event Application

Thank you for your interest in hosting an event to benefit The Memorial Foundation and Memorial Hospital programs. Please complete this quick application form so that we may learn more about your planned event.

## Event Sponsor Information

Contact Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Company/Organization (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

## Fundraising Event Application

Name of Fundraising Event \_\_\_\_\_

Date/Time of Event \_\_\_\_\_ Proceeds to Benefit \_\_\_\_\_

Description of Event

Name of Person Completing this Form \_\_\_\_\_

By completing this application, you agree:

Until final approval of this event by The Memorial Foundation has been given, contributions may not be solicited in the name of The Memorial Foundation or Memorial Hospital, and these names may not be used for any other purpose. Additionally, upon final approval, you agree to adhere to the guidelines provided by The Memorial Foundation.

Please call The Memorial Foundation at (509) 576-5794 for any questions you may have.

**Thank you for choosing The Memorial Foundation as your charity of choice!**

Print a copy of this form for your records and then click the "Submit by Email" button to submit your form to The Memorial Foundation.