



Fundraising Event Application

Sponsor Information

Contact Name: _____

Title: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____

Company Web site: _____

Event Information

Name of Event: _____

Date(s) / Time(s) of Event: _____

Description of Event: _____

Location of Event: _____

Is this a first-time event? _____ If no, how many years has the event been held? _____

Proceeds to Benefit: _____

Are there any other beneficiaries outside Memorial Hospital programs? Yes No

If yes, please name: _____

How will funds be raised (e.g., ticket sales, auction, raffle tickets, sponsorships, etc.)?

Who is the target audience? _____

How will you promote this event (e.g., news releases, flyers, public service announcements, etc.)? _____

List businesses (other than your own) that you will solicit for cash and/or in-kind donations.

Financial Information

Estimated Expenses (please list):

How will expenses be paid? _____

Estimated Revenue: _____

Estimated Amount/Percentage Given to The Memorial Foundation: _____

Expected Date of Donation: _____

I agree that until written permission has been granted, contributions may not be solicited in the name of The Memorial Foundation or Yakima Valley Memorial Hospital and these names may not be used for any other purpose. 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