

 **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?

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

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**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 Virginia Mason Memorial 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**

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***For The Memorial Foundation Office Use Only***

**Approved**     **Not Approved**

Notes: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Memorial Foundation Representative**

\_\_\_\_\_  
**Date**