



## FUNDRAISING EVENT APPLICATION

### Contact Information:

Name of Hosting Business/Organization/Individual: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Event Host Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

### Event Information:

Name/Title of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

Brief Description of Event: \_\_\_\_\_

Event is (circle one):      Open to the Public      Invitation Only

Projected net donation to the Saint Mary's Foundation: \$ \_\_\_\_\_ (Only an estimate; not binding)

Has this event ever taken place before (circle one)?     Yes     No      If yes, when? \_\_\_\_\_

The Trinity Health logo is a registered trademark and cannot legally be reproduced without permission.

Do you plan to use the Trinity Health logo, or any other Trinity Health entity, for any promotion of the event?      Yes      No

If yes, where should we email it? \_\_\_\_\_

*\*Prior to printing, all materials using any Trinity Health entity logo, must be approved by Saint Mary's Foundation*

Do we have your permission to publish the success of your third-party event by listing your name, activity, and amount raised?

(circle one):     Yes     No

### Proposed by:

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please email completed Fundraising Application to [ashley.owen@trinity-health.org](mailto:ashley.owen@trinity-health.org)