



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