



FUNDRAISING APPLICATION

Contact Information:

Name of Hosting Business/Organization/Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Event Information:

Name/Title of Event: _____

Date of Event: _____ Time: _____

Location: _____ Expected number to attend: _____

Description of event and fundraising components (include publicity plans ticket sales, table sales, raffle, auction, sponsors, etc.):

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

Ticket Price: \$ _____ Table Price: \$ _____

Projected net donation to Trinity Health: \$ _____ (Only an estimate; not binding)

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

Will the amount raised be matched (circle one)? Yes No

Will the funds be taken out of the gross (total) or out of the net sales (after all expenses are paid)? Gross Net

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 that use any Trinity Health logo must be approved by Trinity Health.*

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

Date