## **Community Fundraiser Form**



(Please type the information below on this writable PDF, or print clearly)

EVENT ORGANIZER INFORMATION:	
Contact Person:	Title:
Phone Number:	Email:
Mailing address:	
EVENT DETAILS:	
Event Name:	
Date/Time of Event:	
Brief Description of Event:	
Event Website (if applicable):	
First Time Event?: Yes No	
Does this event require a permit? Yes	No
Does this event require insurance? Yes of 'If you answered yes to the permit and/or the insurance document(s) at least two weeks prior to the event.	No Ourance questions, you must submit a copy of the
List the Event Sponsor(s):	
Location of Event (Name and address):_	
Approx. Number of Attendees (if applica	ıble):
Are proceeds from this event benefiting RM	HC SWFL? Yes No
Are there additional beneficiaries? If so, plea	ase list:
What percentage of proceeds will be donated to RMHC SWFL?	

What are the Projected Dollars and/or In-Kind Goods to be Raised/Collected for RMHC SWFL:
Are you requesting an RMHC SWFL representative at the event? Yes No
What type of assistance are you requesting from RMHC SWFL?
Are you requesting to use the RMHC logo on advertising materials? Yes No No If yes, please send us materials for approval before they are released and sign below:
*** We agree that all print/video/on-line materials will be presented to RMHC SWFL for approval before they are produced, printed, or released:
I plan to submit the funds by: Mail   Personal Delivery   Other (please circle):
Please indicate the date the funds can be expected by the organization*:
Submitted by:Date:
IMPORTANT: Before submitting this form, you must review the "Community Fundraising Information and Guidelines" document that lists the policies and procedures to host a third-party Community Fundraising Event.
Please indicate that you agree to follow all RMHC SWFL Community Fundraising Events policies and procedures by initialing here:
Please return your completed form to:  lucy@rmhcswfl.org

Questions? Call us at 239-437-0202