

Fundraising Event Application Form

1. Sponsor Information

Name of sponsoring organization/individual: _____

Contact person: _____

Telephone: _____ Fax: _____ Email: _____

Address: _____

(include street, city, state and zip)

2. Event Information

Name of the event: _____

Description of the event: _____

Location: _____

Date(s) and Time(s): _____ Date event will end: _____

Fundraising goal: \$ _____ Target audience: _____ Estimated attendance: _____

Do you plan to pay an individual or organization to help solicit contributions?

Name any organization with whom you have any contract agreement in relation to this event, including sponsors:

Will you be advertising or publicizing this event? Please describe: _____

(any promotional item which include the Hospital name/logo must be approved by Mountain States Foundation)

Do you have a media sponsor? If so, who? _____

What materials or support do you need from Niswonger Children's Hospital? _____

3. Financial Information:

Please estimate:

- | | |
|--|-------------|
| ▪ Total proceeds | A. \$ _____ |
| ▪ Expenses
(include costs of printing, food, entertainment etc.) | B. \$ _____ |
| ▪ Anticipated net proceeds (A minus B) | C. \$ _____ |
| ▪ Amount/percentage to given to Niswonger Children's
(you are not liable for this amount) | D. \$ _____ |

Anticipated date of your donation: _____

(should be within 60 days of the end of your event)

4. Assurances

- Until permission is granted by Mountain States Foundation, contributions will not be solicited in the name of Mountain States Health Alliance and neither name nor logo will be used for any purpose.
- Information on this form is correct and accurately describes the proposed event.

Signature: _____ Date: _____

Please fax or mail this form to:

Mountain States Foundation
2335 Knob Creek Road, Ste 101
Johnson City, TN 37604
Fax: 423.282.3906

Fundraising Event Contribution Form

Please include this page with your final event contribution.

Event Information

Name of Event: _____ Event Date: _____

Name of sponsoring organization/individual: _____

Contact Person: _____

Telephone: _____ Fax: _____ Email: _____

Address: _____

(include street, city, state and zip)

Contribution Amount: \$ _____

* We encourage you to include a photo of your event and/or participants for our files. We like to see you in action.

Thank you for your support of Mountain States Health Alliance.

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Johnson City, TN 37604
Fax: 423.282.3906