

EXTERNAL FUNDRAISING EVENT APPLICATION FORM

Name of organization _____

Contact person _____

Address _____

Email _____ Phone Number _____

Brief description of proposed event, including location (use back of form if necessary)

Date of event _____ Hours of event _____

Promotional events planned _____

Admission charge Y / N, Amount \$ _____

Expected number of guests _____

How and where are tickets to be sold? _____

Will the event benefit other organizations? Y / N

Names of other organizations: _____

Other way(s) in which funds will be raised: _____

Percentage of gross revenue to be donated to DEF: % _____

Expected donation to Ronald McDonald House \$ _____

Check Presentation or Speaking Engagement

Speaker required? Y / N Type of speaker _____

PR required? Y / N Type of PR _____

Date of presentation _____ Number of people expected _____

Materials, if needed? _____

Other Details: _____

I have read the attached External Fundraising Event Policy of Discovery Eye Foundation and I agree to comply with all guidelines.

Signature of contact person Date

Please use back of this paper if more room is needed.