

Contact Information

Name: _____

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: _____ Email _____

Event Information

Name of Event: _____

Type of Event: Fundraiser Event Other

If other, please describe: _____

Date & Time of Event: _____

Location, if applicable: _____

Event Description: _____

Fundraising Goal: _____

Is Franciscan Children's the only beneficiary? YES NO

If no, please list other charities/organizations: _____

Will you be soliciting corporate donations for your event? YES NO

If so, please provide a list of prospects. Please note: In order to avoid duplicate solicitations, please do not solicit any businesses or companies until you have received approval from Franciscan Children's staff.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I have read and accept the terms and conditions found [HERE](#).

Signature: _____ Date: _____