



## Event Form

Name of organization, individual or company planning event: \_\_\_\_\_

\_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Organization/Company website: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### Event Information

The event is:  Open to the public  By invitation only

Name of event: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Briefly describe the event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will you promote this event? \_\_\_\_\_

Do you plan on using the Brenner Children's logo?  Yes  No

How will the funds be raised?  Tickets Sales  Sponsorships  Auction/Raffle

Other \_\_\_\_\_

(Please use the fundraiser proceeds form when you turn in your money.)

\*\*Please attach information on sponsorships including full amount of sponsorships and fair market value of goods and services received. Please be aware that monies given to purchase tickets, auction items, raffle tickets, food, etc. are not considered charitable gifts. If someone makes a payment that is partly a gift and partly in consideration for goods or services, that person will receive a receipt for the gift amount only; the value of the goods or services received is not tax-deductible.

# Event Form CONTINUED

Who will you solicit?  Friends  Family  Clients  Local Businesses

Please list the names of businesses you are soliciting for the event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where would you like your funds directed? \_\_\_\_\_

\_\_\_\_\_

Anticipated total funds raised: \$ \_\_\_\_\_

Anticipated total expenses: \$ \_\_\_\_\_

Anticipated donation: \$ \_\_\_\_\_

I agree that Brenner Children's will receive proceeds from the event within 30 days of the event.

I agree that all printed materials and publicity for the event must be approved by Brenner Children's prior to being released, printed, etc.

I have read the guidelines for community fundraisers for Brenner Children's and agree to follow them as stated.

Print name: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## Please return form to:

**commfund@wakehealth.edu**

or

Attn: Community Fundraiser  
Brenner Children's  
Office of Philanthropy  
PO Box 571021  
Winston-Salem, NC 27157-1021

If you have questions, please call **336-716-6285**.

