



Fundraising Event Form

We sincerely appreciate your interest in holding a fundraising event to help us carry out our vision to ***“make everyday life possible for individuals with profound disabilities.”*** Please fill out this request form, and return to Lauren Spitler, Community Events Manager. Once received, you will have access to Marklund logos for usage on event collaterals.

Event Information

Name/Title of Event: _____

Sponsoring Organization (if applicable): _____

Event Planner/Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Contact Phone: _____ Cell Phone: _____

Email: _____

Preferred Method of Communication? *(Example: email, cell phone, etc.)*

Event Location(s): _____ Date(s): _____ Time(s): _____

Please attach a description of your idea or plan if space does not allow for relevant details.

What staff and/or volunteer participation, if any, are you requesting?

Do you plan on publicizing the Event? ____ Yes ____ No

If yes, please indicate how you will publicize the event:

Press Release: _____ Posters: _____ Flyers/Handouts: _____

*Please submit any marketing materials to Lauren for approval at lsplitler@marklund.org.

Please return this form to:

Lauren Spitler
Community Events Manager
Phone: 630-593-5473
lsplitler@marklund.org

Need support? Have questions? Please reach out anytime!