



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 Natalie Sarby, Director of Community Events. 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.

Based on the nature of the Event, do you need any of the following?

Event Insurance: _____ Permit: _____ Liability Waiver: _____ Raffle License: _____

If so, have you secured these documents? _____ Which one(s)? _____

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: _____

Budget Information

Will admission fee be charged? ____ Yes ____ No If so, how much? \$ _____

Will any items be sold? (*Example: t-shirts, CD's, etc.*) ____ Yes ____ No If so, for how much? \$ _____

Anticipated total donation to Marklund: \$ _____

PROPOSED BY:

APPROVED BY:

Signature of authorized Event representative

Signature of authorized Marklund representative

Print name

Print name

Title

Title

Date

Date

Please return to:
Natalie Sarby
Director of Community Events
nsarby@marklund.org
(630) 593-5461

Need support? Have questions? Please call me anytime!