# 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.

**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:**

_____

***Signature of authorized event representative***

_____

**Print name**

_____

**Title**

_____

**Date**

**APPROVED BY:**

_____

***Signature of authorized Marklund representative***

_____

**Print name**

_____

**Title**

_____

**Date**

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

**Need support? Have questions? Please call me anytime!**