

# Third Party Fundraising Form

1. Please describe the event or promotion in detail (date(s), location(s), time(s) etc.)

**Event Name:** \_\_\_\_\_

**Event Date:** \_\_\_\_\_ **Event Time:** \_\_\_\_\_

**Event Location (including address):** \_\_\_\_\_

**Event Description:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Is this event open to the public?  Yes  No

3. Please list all parties involved with the event (individuals, organizations, media, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What is the total amount of revenue you estimate will be generated from the event? (See example budget in folder)

\_\_\_\_\_

\_\_\_\_\_

- Total revenue anticipated \_\_\_\_\_
- Total expenses projected \_\_\_\_\_
- Estimated amount that will be donated \_\_\_\_\_
- Other \_\_\_\_\_

4. Please outline how you plan to promote the event.

- Media (Print \_\_\_\_; TV \_\_\_\_; Radio \_\_\_\_)
- Public Relations (agency or in-house) \_\_\_\_\_
- Paid Advertising \_\_\_\_\_
- Brochures/flyers \_\_\_\_\_
- Signs or Banners \_\_\_\_\_
- Direct Mail \_\_\_\_\_
- Other \_\_\_\_\_
- Main target audience for this event? \_\_\_\_\_

5. Will St. Joseph's Hospice name &/or logo be used?

Yes     No

6. If so, how? Please describe any program/event materials, web sites, advertisements, flyers &/or other items to which St. Joseph's Hospice name (or sub-brand names) and logos will be applied:

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7. If this is a company/ corporate event, please provide a brief description/overview of the group or organization that wants to use St. Joseph's Hospice name &/or logo: Its business, key products, purpose, target audience, web address, etc.

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8. Will St. Joseph's Hospice be the only organization recognized on promotional and day of event materials?

Yes     No

8a. If No, what other organizations will be recognized on promotional and day of event materials?

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9. What responsibilities would St. Joseph's Hospice have?

- Brochures
- Proceeds Support Posters
- Pull Up Banner or Display
- Posted on OUR Social Media
- Hospice Representative(s) to speak at your event
- Hospice Representative
- Other: \_\_\_\_\_

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10. Please include any other pertinent information.

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11. Why did you choose St. Joseph's Hospice as the beneficiary of your third-party fundraiser?

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**Please sign:**

I understand and agree to comply with St. Joseph's Hospice rules and regulations for conducting a third-party fundraiser. By signing below I agree to have read over, understand and have signed my third party host kit contract.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title (optional): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Thank you for your interest and support!**

***Office use only:***

Name of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Witness for the undersigned: \_\_\_\_\_

– 3<sup>rd</sup> Party has signed and understood 3<sup>rd</sup> Party Contract

Original to FDC: \_\_\_\_\_ Copy to FDM: \_\_\_\_\_ Copy to 3<sup>rd</sup> Party Host: \_\_\_\_\_