

Fund Raising Event Form

1. Type of fund raising event _____

2. Date and time of event: _____

3. Sponsoring group/individual: _____

Address _____

City _____ State _____

Zip _____

Telephone _____ Fax # _____

Contact person: _____ Phone: _____

4. Anticipated Proceeds (donation to RMHC): \$ _____

5. Will RMHC name or logo be used on any printed materials or advertisements? Yes / No

How will the name or logo be used? _____

Please be advised that all promotional materials must be approved by R.M.H. prior to use for your event. Mail copies to the address below or fax them to (716) 881-9312.

6. You are required to submit a Certificate of Insurance for General Liability in the amount of \$1Mil with the Ronald McDonald House Charities of Western New York listed as an additional insured.

7. Specifically, what resources are being requested from RMHC? (Volunteers; Staff; RMHC brochures; RMHC logo)?

8. Would you like a representative from RMHC to attend your event? Yes / No

I have read the fund raising guidelines attached to this form. As a representative of our group, I understand and will abide by these guidelines.

9. Signed: _____ Date _____



10. Please mail to:

Sally S. Vincent, Executive Director

Ronald McDonald House Charities of Western New York

780 West Ferry Street, Buffalo, New York 14222 Phone: (716) 883-1177 Fax: (716) 881-9312

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RMHC

of Western New York