**Required Event Information**

**Part 1: Contact Information**

First Name:

Last Name:

Are you an (please highlight selection below):

* Individual
* Community Group
* Corporation
* Corporate Foundation
* NCH Affinity Group
* Other: \_\_\_\_\_\_\_\_\_\_\_\_

Company or Organization Name (if applicable):

Name as you would like to be recognized (Do you want the event name, organization name, individual name, etc.?):

Street Address:

City:

State:

Phone Number:

Fax Number:

Email Address:

**Part 2: Event/Promotion Information**

Website:

Name of Proposed Event or Promotion:

Proposed Date(s):

Event Description:

Are there any other beneficiaries of this event or promotion? (please highlight selection below):

* Yes
* No

If yes, name of other organization(s):

Location of Proposed Event or Promotion:

Projected Attendance:

Would you like your event to benefit a specific area in the Hospital? *If so, the fund must already exist*:

Briefly explain how funds will be raised (ticket sales, pledges, sponsorships, auction, etc.):

Does the event require a license or permit? (please highlight selection below):

* Yes
* No

What is your plan for publicity and promotion? (please highlight selection(s) below):

* Press Releases
* Promotional Flyers
* Public Service Announcements
* Internet Presence
* Other

Please list the anticipated recipients of the above publicity and promotion plan:

List businesses, other than your own, that you plan to solicit for donations (cash, service or items):

**Part 3: Financial Information**

*Remember to limit expenses to no more than 50% of gross proceeds. All donations must be made within 30 days of completion of the event or promotion.*

Anticipated Total Revenue: $

Anticipated Total Expenses (Please estimate the individual expenses for the items below): $

Food/Beverage: $

Printing: $

Security: $

Advertising/PR: $

License/Permit Fee: $

Prizes: $

Supplies: $

Other: $

**Anticipated Total Donation: $**

Does your company plan to match the amount you raise? (please highlight selection below):

* Yes
* No

How will you transmit your donation to Nationwide Children's Hospital Foundation? (please highlight selection below):

* Cash
* Check
* ACH Transfer
* Other: \_\_\_\_\_\_\_\_\_\_\_\_