



## 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 Danielle Frank, Community Events Manager. 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: \_\_\_\_\_

\*Please submit any marketing materials to Danielle for approval at [dfrank@marklund.org](mailto:dfrank@marklund.org).

## 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:**

Danielle Frank  
Community Events Manager  
Phone: 630-397-5623  
[dfrank@marklund.org](mailto:dfrank@marklund.org)

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