



FUNDRAISING SPECIAL EVENT APPLICATION

1. SPONSOR INFORMATION:

Name of sponsoring organization/individual: _____

Contact person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home phone: _____ Office phone: _____ Fax: _____

Best time to call: _____

2. EVENT INFORMATION:

Name of event: _____

Description of event: _____

Location(s) of event: _____

Please attach estimated timeline

Date(s) and time(s) of event: _____

Date event will end: _____

(Donations should be delivered to Community Hospice & Palliative Care Foundation within 45 days of this date.)

Method of raising funds, including fees charged: _____

Do you plan to pay an individual or organization to help plan, manage or conduct the event or to solicit contributions?

5. SIGNATURE

Until written permission has been granted by Community Hospice & Palliative Care Foundation, contributions may not be solicited in the name of Community Hospice & Palliative Care Foundation and the names "Community Hospice & Palliative Care, Community Hospice & Palliative Care Foundation, Charles M. Neviasher Educational Institute and Community PedsCare" may not be used for any purpose.

Information provided on this form is correct and accurately describes the event/promotion.

Signature

Date

This form is due no later than six (6) weeks prior to the proposed event. Completion of this form does not assure approval. You will be contacted if further information is needed. Written response from Community Hospice & Palliative Care Foundation will be sent by mail.

If you have any questions regarding this form or your fundraising event/promotion, please contact the Donor Relations Officer at 904.407.6135.

Mail or fax application to:

Community Hospice & Palliative Care Foundation
4266 Sunbeam Road
Jacksonville, FL 32257
904.886.3885 fax
adavis@communityhospice.com