

Stormont Vail Foundation and Stormont Vail Health External Fundraising Event Request

Organization Name: _____ Organization Contact: _____

Organization Address: _____

Organization Phone: _____ Organization Contact Email: _____

Organization Website: _____

Individual Name: _____ Individual Phone: _____

Individual Address: _____

Individual Email: _____

1. This event is being organized by: An individual A business/organization A committee (please list members) Other (please explain)

2. Please describe why you have selected Stormont Vail Health, Stormont Vail Foundation, or a program of Stormont Vail as the beneficiary of your event:

3. Are there any other beneficiaries other than Stormont Vail Health, Stormont Vail Foundation or a program of Stormont Vail? Yes No
If yes, please list the other beneficiaries:

4. Do you have a previous relationship with Stormont Vail Health, Stormont Vail Foundation or a program of Stormont Vail? Yes No
If yes, please describe:

5. Name of the event: _____

6. Please describe your event:

7. Event location and address:

8. Event date: Month _____ Year _____

9. Is this a first time event: Yes No
If this is not a first time event, how many years have you facilitated this event? _____

10. How many people attend this event? _____
Open to the public? Yes No By invitation only? Yes No

11. How will the revenue be generated through this event? (tickets sales, auction, sponsorship, merchandise sales)

12. Who is your target audience?

13. Estimated revenue: _____

14. Estimated percentage or amount to Stormont Vail Health, Stormont Vail Foundation, or program of Stormont Vail. _____
Which area/program of Stormont Vail do you want to designate the proceeds from your event? _____

(Complete form on back side)



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(Continued from front)

15. Do you plan to solicit cash or in-kind donations from local businesses? ___Yes ___No
Please list the potential businesses or corporations:

16. How do you plan to promote this event?

17. Will alcohol be served or available at the event? ___Yes ___No

18. How can Stormont Vail Foundation help you with your event?

19. When will Stormont Vail Foundation receive proceeds from the event? Month____ Year_____

I have read and understand the Third-Party Fundraising Guidelines and agree to abide by those guidelines in the planning and implementation of the event. I will forward a draft of all copy and/or print materials for review prior to the event. Those materials include, but are not limited to, advertising, press releases, posters, flyers, T-shirts, invitations and brochures. Event proceeds will be submitted to the Stormont Vail Foundation office at least 60 days from the date of the event/promotion.

Signature of event organizer

Date

Please return form.

Mail:
Stormont Vail Foundation
1500 S.W. 10th Ave.
Topeka, KS 66604

Fax: (785) 354-6926

or Email: Jane Mackey at jmackey@stormontvail.org