

# SAINT MARY'S FOUNDATION

A Member of Trinity Health

## FUNDRAISING APPLICATION

### Contact Information:

Name of Hosting Business/Organization/Individual: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contact Person:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

### Event Information:

Name/Title of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ Expected number to attend: \_\_\_\_\_

Description of event and fundraising components (include publicity plans ticket sales, table sales, raffle, auction, sponsors, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event is (circle one):      Open to the Public      Invitation Only

Ticket Price: \$ \_\_\_\_\_      Table Price: \$ \_\_\_\_\_

Projected net donation to the Saint Mary's Foundation: \$ \_\_\_\_\_ (Only an estimate; not binding)

Has this event ever taken place before (circle one)?     Yes     No      If yes, when? \_\_\_\_\_

Will the amount raised be matched (circle one)?     Yes     No

Will the funds be taken out of the gross (total) or out of the net sales (after all expenses are paid)?     Gross     Net

The Trinity Health Saint Mary's logo is a registered trademark and cannot legally be reproduced without permission. Do you plan to use the Trinity Health Saint Mary's logo, or any other Trinity Health entity, for any promotion of the event?     Yes     No

If yes, where should we email it? \_\_\_\_\_

*\*Prior to printing, all materials using any Trinity Health entity logo, must be approved by Event Coordinator*

Do we have your permission to publish the success of your third party event by listing your name, activity, and amount raised?

(circle one):     Yes     No

### Proposed by:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please send email completed Fundraising Application to [Angela.Paasche@MercyHealth.com](mailto:Angela.Paasche@MercyHealth.com)  
or fax it to (616) 685-3005**