

## Third Party Fundraising Application Form

ORGANIZATION
TELEPHONE
EMAIL
MAILING ADDRESS
NAME OF EVENT
VENUE NAME/ADDRESS
DATE(S) OF FUNDRAISER
TIME OF FUNDRAISER
EST. # OF ATTENDEES (IF APPLICABLE)
BRIEFLY EXPLAIN YOUR EVENT
WHY IS HOPE NETWORK PA YOUR ORGANIZATION OF CHOICE?
IS THIS EVENT IN HONOR OF SOMEONE?

WHAT PROCEEDS (%) WILL BE DONATED TO HOPE NETWORK PA? \_\_\_\_\_\_ DO YOU WANT A HOPE NETWORK REPRESENTATIVE TO SPEAK AT YOUR EVENT? \_\_\_\_\_\_ IF SO, BRIEFLY DESCRIBE REQUIREMENTS OF REPRESENTATIVE \_\_\_\_\_\_

WILL THERE BE A CHECK PRESENTATION O	CEREMONY?
PROPOSED DATE OF CEREMONY?	



PROMOTION REQUESTS

HOPE Network PA will follow and share your posts to help promote the event

FACEBOOK HANDLE:	PRO <i>I</i>	NOTION NEE	DS
INSTAGRAM HANDLE:	VOLUNTEERS	TICKET SALES	AWARENESS

I/WE		PROPOSE TO ORGANIZE AND FACILITATE		
A FUNDRAISER TO BE CALLED				
ON:_		AT:		
SIGN	ATURE(S)			
DATE	I	-		
	AND AGREE TO THE FOLLOWING:			
	I/WE AGREE TO DONATE THE NET PRO	OCEEDS TO HOPE NETWORK PA		
	I/WE HOLD HOPE NETWORK PA HARM ASSOCIATED WITH THIS EVENT	LESS FOR ANY AND ALL LIABILITIES		
		ING THE HOPE NETWORK PA LOGO OR OTHER BE AUTHORIZED IN WRITING BY HOPE NETWORK		
		GE THAT HOPE NETWORK PA DOES NOT ISSUE NTS UNLESS IT IS AN OUTRIGHT DONATION ORK PA.		
	I/WE WILL PROVIDE HOPE NETWORK F	PA WITH FLYERS, POSTERS AND PICTURES OF		

At HOPE Network PA, we recognize the hard work that goes into your fundraising efforts and are deeply grateful to you for hosting your fundraiser in support of our organization and the work that we do. Be sure to keep in touch with us and share photos/videos of your fundraiser and thank you for helping us continue to provide for our community.

Once completed, please send the Third-Party Fundraising Application Form to hopenetworkpgh@gmail.com at least 2 weeks prior to the start of your event