

THIRD PARTY FUNDRAISING REQUEST APPROVAL FORM

Submit form or mail to: estoffelen@rmhcarolinas.com | 706 Grove Road, Greenville SC 29605

| Event Coordinator Name: | Request Date: |
|---|-------------------------------------|
| Sponsor Name (if applicable): | |
| Coordinator Mailing | |
| City: | State: Zip: |
| Email Address: | |
| Coordinator Phone Number: | Best form of |
| This fundraiser is going to be done by an | Individual Corporation Organization |
| Event Name: | |
| Event Location: | Event Date(s): |
| Event Start Time: Event End Time: | |
| Description of Event: | |
| | |
| Have you or your party previously held an e McDonald House of The Carolinas? | event for The Ronald Yes No |
| Why did you choose The Ronald McDonald H | louse? |
| Is this fundraiser in Honor or Memory of som If yes, who: | |
| Will admission be free of charge? | Yes No |

If tickets are involved, who will be the sales force and by what method will they be sold?

Who is the anticipated audience?

| What role do | you need RMHC | of the | Carolinas | to play? |
|--------------|---------------|--------|-----------|----------|
|--------------|---------------|--------|-----------|----------|

Staff speaker

Staff representation

Volunteers

No one is needed

Other:

Will there be additional beneficiaries?

What percentage of net proceeds will RMHC of the Carolinas receive? (just an estimate)

How do you plan to publicize the event?

Do you have any questions or concerns for us?

Tell us about your last fundraiser and who we can call to tell us more about the great work you did:

I have read and understand the event guidelines provided.

I understand that all promotion and event material I create with RMHC of the Carolinas logo must be approved by the Event and Social Media Coordinator.

You will receive a response within 7-10 business days of submitting this form. If you have not received a response, please call (864) 235-0506 or e-mail Elizabeth Stoffelen at estoffelen@rmhcarolinas.com