



NORTHERN MICHIGAN
FOUNDATION

Third Party Fundraiser Form

Before you begin organizing your event, please read the Third Party Fundraiser Guidelines and submit the form below for approval. If you have questions, please contact Erinn Hill, Development Officer, at (231) 487-3507 or ehill1@northernhealth.org.

Contact Information

Group/Organization: _____

Contact Person: _____

Mailing Address: _____

Phone: _____ Email: _____

(Please check your preferred method of communication)

Event Overview

Name of Proposed Event: _____

Description of Event: _____

Event Date(s): _____ Time: _____

Event Location: _____

What is the anticipated event attendance? _____

Are you requesting assistance from McLaren Northern Michigan Foundation for your fundraiser? No Yes

If yes, what are your requests? _____

Would you like McLaren Northern Michigan representation at your fundraiser?

No Yes, please provide specific needs. _____

Financials

Fund/Cause you would like to support: _____

Fundraising Goal (after expenses): _____

How will funds be raised? Ticket Sales Sponsorships Raffle Auction Donations
 Other (please specify): _____

List ALL sponsors, if any: _____

Will proceeds be divided among multiple beneficiaries? No Yes

If yes, who are the other beneficiaries? _____

How will the proceeds be divided? _____

Publicity

PLEASE NOTE: McLaren Northern Michigan must review and approve all pieces that use our logo or name prior to production. This approval process happens quickly and can be conducted via email.

Please indicate the types of promotional activities you will pursue:

Press Release Promotional Flyers PSA (TV/radio) Social Media Posters Invitations
 Website Mass Email Other (describe): _____

By signing this document I agree to designate McLaren Northern Michigan Foundation the beneficiary of funds raised through my event, and provide funds within 30 days of the event date. I certify that I have read the McLaren Northern Michigan Foundation Third Party Fundraiser Guidelines and agree to comply with all provisions in organizing and holding our fundraising event. I further attest that all of the information provided on this form is correct and accurately describes the proposed event.

Signature: _____ Date: _____

Printed Name: _____

Please return this form by mail, email, or fax to:
McLaren Northern Michigan Foundation
Attn: Erinn Hill
360 Connable Avenue
Petoskey, MI 49770
Email: ehill1@northernhealth.org
Fax: (231) 487-7798
Phone: (231) 487-3507

FOR INTERNAL USE ONLY – DO NOT WRITE IN

Approval Date _____ Appeal _____ Package _____ Fund _____

Donation Date _____ Donation Amount _____ Receipt/Benefit _____