

Independent/Third-Party Fundraising Form

Before you begin organizing your event, please complete the Fundraising Form below and submit it for approval. If you have questions after you have reviewed the Guidelines and Form, please contact us at (231) 487-3500 or email at foundation@northernhealth.org

Contact Information

Primary contact: _____

Event contact: _____

Business/Organization name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____ Preferred method of communication: _____

Event Overview

Event date and time: _____

Name of event: _____

Purpose of event: _____

Location of event: _____

How will revenue be generated: (ticket sales, sponsorship, raffle, auction, etc.) _____

List ALL sponsor(s), if any _____

Financials

Donation designation: _____

Terms of the donation: _____

Representation of staff at your event? No Yes, please provide specific needs. _____

Publicity

PLEASE NOTE: McLaren Northern Michigan must review and approve all collateral pieces that use our logo or name prior to production to ensure the collateral follows our standards. This approval process happens quickly and can be conducted via e-mail.

Please indicate the types of promotional activities you may pursue:

Press Release: _____ Promotional Flyers: _____ PSA (TV/radio): _____ Social Media: _____

Posters: _____ Invitations: _____ Web Site: _____ Mass Email: _____

Other (describe): _____

Please indicate the color and size you are requesting:

Full Color _____ Black and White _____

Print quality (.eps) _____ Word/PPT/Web quality (.jpg) _____

By signing this document I agree to provide McLaren Northern Michigan Foundation the beneficiary of funds raised through my event within 30 days of the event date.

Signature: _____ Date: _____

FOR INTERNAL USE ONLY – DO NOT WRITE IN

Approval Date _____ Date Logo Sent _____ Media Sign Off Date _____

Donation Date _____ Donation Amount _____ Thank You Date _____