



A CENTER FOR GRIEVING  
CHILDREN, TEENS AND ADULTS

## Third Party Fundraising Event Application

HOST/CONTACT INFORMATION					
First Name:		Last Name:			
Organization Name:					
Email:		Phone:			
Street Address:					
City:		State:		Zip:	
EVENT INFORMATION					
Which location will this event benefit:	Cleveland	Columbus			
Name of Event:					
Event Date:		Event Time:			
Event Type (ex. bake sale, golf outing, dinner party, etc.):					
Location:					
Event Theme:					
Approximate # of expected attendees:					
Please briefly describe the event and its activities:					
How will this event benefit Cornerstone of Hope:					
What activities will you be conducting to raise funds for Cornerstone of Hope:					
Why did you choose Cornerstone of Hope to be the beneficiary:					
Fundraising Goal:		Anticipated Expenses:			
Will there be sponsorship opportunities:	Yes	No			
If so, what are the sponsorship levels:					
Is this a ticketed event:	Yes	No	If so, what will the ticket cost be:		

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**EVENT ROLES AND RESPONSIBILITIES**

What kind of staffing will this event require:

Will you have an event committee:	Yes    No
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What volunteer involvement is required to complete this event:

**EVENT MARKETING**

What type of marketing and promotion is involved:

Do you have a website to promote the event? If so, please list the address:

What help would you like from Cornerstone of Hope (select all that apply):

<input type="checkbox"/> Listing on Cornerstone of Hope's website	<input type="checkbox"/> Facebook
<input type="checkbox"/> Twitter	<input type="checkbox"/> E-mail mailing
<input type="checkbox"/> Event Consulting	<input type="checkbox"/> Other: _____

Will you be mailing out promotional materials for this event? (Please note that Cornerstone of Hope will not be responsible for postage in mailing of promotional material for your event):

By submitting this application, I have read and am agreeing to the policies listed on the Cornerstone of Hope Third Party Fundraiser Event document. Please return this completed and signed document to:

Attn: Events  
 Cornerstone of Hope  
 5905 Brecksville Road  
 Independence, Ohio 44131

**PRINTED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_