

# **Mt. Pleasant Area**

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# community foundation<sup>SM</sup>

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*For Office Use Only*

### **FUNDRAISING APPLICATION FORM**

*Please submit at least 90 days prior to the proposed fundraising event. Approval of the event from the MPACF Executive Director must occur before any advertising begins. Once approval is obtained, all fundraising guidelines must be followed. Additional administrative fees may be charged if extra administrative services will be required of MPACF.*

Event Title: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Event Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event Date: \_\_\_\_\_

Event Location: \_\_\_\_\_

***Fundraising Chairperson (serves as single point of contact with MPACF staff):***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Expected Event Income: \$ \_\_\_\_\_

Expected Event Expenses: \$ \_\_\_\_\_

Expected Net Proceeds: \$ \_\_\_\_\_

*\*Attach a detailed budget for the event. The individual or fundraising group will be responsible for all losses incurred by events. MPACF will not be held responsible for such losses.*

List those authorized to incur expenses:

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*\*Unauthorized expenditures will be the responsibility of the fundraising group.*

List those who might benefit from the event personally or through a business connection, and describe:

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Will tickets be sold in advance of the event? \_\_\_\_\_ If yes, date(s): \_\_\_\_\_

*\*MPACF must approve, in advance of printing or production, all written and spoken materials. (Optional) Attach a detailed marketing/promotion plan for the event, including printing and production dates for tickets, promotional materials, etc.*

Will alcohol be served? \_\_\_\_\_ Will alcohol be sold? \_\_\_\_\_

Special insurance, permits, licenses or approvals:

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Administrative services required of MPACF:

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I have read and understand the Donor Initiated Fundraising Policies and Procedures as provided by the Mt. Pleasant Area Community Foundation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date