

RONALD MCDONALD HOUSE CHARITIES ANN ARBOR 3rd Party Fundraising Event Application

Name of Person/Organizati	on:		
Address:			
City:	State:	Zip:	
Contact:		Title:	
Phone:	Email:		
Date of Event:	Time of Eve	ent:	
Location and brief descripti	on of event:		
How will the event be prom	noted?		
Admission charge? Y / N If	yes, amount:	Expected # of guests:	
How and where will tickets	be sold?		
Will the event benefit other	r organizations? Y / N If ye	es, name other organizations:	
Additional way (s) in which	funds will be raised:		
Percentage of gross revenue	e to be donated to RMHCAA	:	
Or expected donation to RN	лнсаа:		
I have read the attaI agree to comply w	ched 3 rd Party Fundraiser Gu rith all guidelines	uidelines of RMHCAA	

This form may be emailed to mmoffett@rmhcannarbor.org, or mailed to Mary Moffett, Ronald McDonald House Charities of Ann Arbor, 1600 Washington Heights, Ann Arbor, MI 48104. Questions? Call (734) 998-6531.