



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

Name of Person/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Phone: _____ Email: _____

Date of Event: _____ Time of Event: _____

Location and brief description of event:

How will the event be promoted? _____

Admission charge? Y / N If yes, amount: _____ Expected # of guests: _____

How and where will tickets be sold? _____

Will the event benefit other organizations? Y / N If yes, name other organizations:

Additional way (s) in which funds will be raised: _____

Percentage of gross revenue to be donated to RMHCAA: _____

Or expected donation to RMHCAA: _____

- I have read the attached 3rd Party Fundraiser Guidelines of
- RMHCAA I agree to comply with all guidelines

Signature of contact person

Date