



Ronald  
McDonald  
House®  
PASADENA

## THIRD PARTY FUNDRAISER/EVENT APPLICATION

**EVENT NAME/OR TYPE:** Click here to enter text.

**DATE OF APPLICATION:** Click here to enter a date.

**ORGANIZATION/COMPANY NAME:** Click here to enter Company Name.

**ORGANIZATION/COMPANY ADDRESS:**

Click here to enter address.

**PHONE:** Click here to enter phone number. **FAX:** Click here to enter fax number.

**WEB ADDRESS:** (if applicable) Click here to enter website.

**ORGANIZATION/COMPANY DESCRIPTION:** (Brief summary about mission of organization or company background)

Click here to enter text.

### **COORDINATOR CONTACT INFORMATION:**

**NAME:** Click here to enter text.

**POSITION/ AFFILIATION WITH ORGANIZATION/ COMPANY/EVENT:**

Click here to enter text.

**ADDRESS:** (If different from the organization or company)

Click here to enter text.

**PHONE:** Click here to enter phone number. **FAX:** Click here to enter fax number.

**EMAIL:** Click here to enter email.

### **FUNDRAISER/EVENT INFORMATION:**

**DESCRIPTION OF FUNDRAISER/EVENT:** (Brief summary and/or goals of event, or product information.)

Click here to enter text.

**FUNDRAISER DATE:** Click here to enter a date. **EVENT HOURS:** Begin to End

**EXPECTED ATTENDANCE:** Click here to enter text.

**PROJECTED REVENUE:** Click here to enter text.

**TARGET AUDIENCE:** (gender, age, race, languages spoken other than English, etc.)

Click here to enter text.

**PLEASE PROVIDE A BRIEF DESCRIPTION ABOUT YOUR METHOD FOR RAISING FUNDS:** (Silent auction, ticket sales, drawing, raffle, product sales, etc.)

Click here to enter text.

**How much money do you anticipate donating to Pasadena Ronald McDonald House from this fundraiser? If the donation is based on a percentage, please indicate that amount (e.g. 10% of ticket sales, 100% of profits).**

(Please be specific for each fundraiser initiative- raffle, tickets, sales, etc. Indicating a donation amount will not obligate you to that amount.)

[Click here to enter text.](#)

**WHAT PROMOTIONS OF THE EVENT ARE PLANNED?**

[Click here to enter text.](#)

**WILL THE EVENT BENEFIT OTHER ORGANIZATIONS?**

[Click here to enter Names of Organizations.](#)

**VENUE INFORMATION:**

**ADDRESS:** [Click here to enter address.](#)

**VENUE CONTACT:** [Click here to enter Contacts Name/Phone/Email.](#)

(Name of the contact you are working with at venue)

**PRMH SUPPORT:**

Please describe in detail, the type of support you are seeking from our Charity. (For example, speaker at the event, other attendees, assistance with promotions, ticket sales, plans for event, etc.)

[Click here to enter text.](#)

**VOLUNTEER INFORMATION:**

If you are requesting assistance with securing volunteers to help staff the event, please provide the following information.

**NUMBER OF VOLUNTEERS NEEDED:** [Click here to enter number](#)

**HOURS VOLUNTEERS ARE NEEDED:** Arrival time and Departure Time

**ROLE AND/OR RESPONSIBILITIES OF VOLUNTEERS:**

[Click here to enter text.](#)

**HOW SHOULD OUR VOLUNTEERS DRESS?** Describe.

**ANY ADDITIONAL DRESS DETAILS?** (i.e. Please wear all black)

[Click here to enter text.](#)

**PLEASE ALLOW TWO WEEKS FROM YOUR SUBMISSION DATE  
FOR OUR RESPONSE.**

**Please email or call:**

**Hilary Manners, Development Manager at [hmanners@rmhcsc.org](mailto:hmanners@rmhcsc.org)**

Pasadena Ronald McDonald House

763 South Pasadena Avenue, Pasadena CA 91105

(626) 204-0410

[www.rmhcsc.org/pasadena](http://www.rmhcsc.org/pasadena)