



## FUNDRAISING FORM

### Event Information

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Description of event: \_\_\_\_\_  
\_\_\_\_\_

Date and Location of event: \_\_\_\_\_

Would you like a Make-A-Wish® representative to meet with your group, speak at an assembly, or attend a check presentation? If yes, please describe (see fundraising rules for further information). \_\_\_\_\_  
\_\_\_\_\_

Do you plan on publicizing the Event? If yes, please describe.  
\_\_\_\_\_

Anticipated total donation to Make-A-Wish®:  
\$ \_\_\_\_\_

**We have read and agree to follow the attached Kids for Wish Kids® Fundraising Rules.**  
*(Note: The proposed event will not become effective until it is approved by the Make-A-Wish Foundation® of Vermont, in the signature space below.)*

PROPOSED BY:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



APPROVED BY:

\_\_\_\_\_  
Make-A-Wish® Staff Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

*\*For office use only*