

Mary Free Bed[®]

Rehabilitation Hospital Foundation

Mary Free Bed Rehabilitation Hospital Foundation *Questionnaire for Third-Party Fundraisers*

Thank you for your interest in conducting a third-party fundraiser to benefit the Mary Free Bed Rehabilitation Hospital Foundation! Please review and sign the *Standards for Sanctioned Third-Party Fundraisers* document and then complete and submit the following information:

Sponsoring Organization: _____

Contact Name: _____ Title: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Name of event: _____

Date of event: _____ Time: _____

Location of event: _____

Event Description: _____

Estimated total revenue: _____ Estimated total expense: _____

Estimated total donation to organization: _____

Estimated date of payment of donation: _____

Please list any other charitable organizations that will benefit from this event:

Will businesses or individuals be contacted for donations (goods/services/money)? If yes, please list prospects for us to review (so multiple or conflicting requests do not occur):

Do you plan to use our logo on any printed materials? _____. If yes, please list prospective materials that will be created for us to review: _____

Would you like materials from Mary Free Bed to be displayed at the event? _____

If yes, which materials would work best: *(please circle)*

brochures photo display board giving envelopes banner

Can you provide contact information for attendees/supporters (address, phone, email, etc)? _____
If so, please send to the information provided below.

What other support or involvement will you need from us? _____

Additional comments/questions: _____

Please return this completed form to:

Kelly Fitzgerald
Mary Free Bed Rehabilitation Hospital Foundation
235 Wealthy St. SE
Grand Rapids, MI 49503
Phone: (616) 840-8137
Fax: (616) 840-9648
Email: kelly.fitzgerald@maryfreebed.com

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FOR OFFICE USE ONLY

Reviewed by: _____ Circle one: **Approved** **Not Approved**

Signature: _____ Date: _____

Comments: _____
