

EVENT APPLICATION

Name of individual planning event _____

Name of organization planning event _____

Address _____

City/State/Zip _____

E-mail address _____ Daytime Phone _____

Name of event _____ Date & time of event _____

Location of event _____ City/State/Zip _____

Event is Open to the public Invitation only Ticket price \$ _____

Will alcohol be served? Yes No Liquor license obtained? Yes No

Has this event taken place before? Yes No If so, when? (date) _____

Will the amount raised be matched? Yes No If so, by who? _____

Will you be asking for donations from businesses or organizations? (If yes, please attach a list.) Yes No

Please describe the event and its fundraising components (ticket sales, sponsors, etc.)

Would you like someone from Senior Independence Hospice to speak at your event? Yes No

Do you plan to use the Senior Independence Hospice logo in your promotional materials? Yes No

Will Senior Independence Hospice be the only beneficiary of proceeds from your event? Yes No

If no, please attach a list of additional beneficiaries.

Please share with us why you chose to support Senior Independence Hospice?

I have read and agree to follow the guidelines for Friends & Family Fundraising Events from OPRS Foundation and Senior Independence Hospice.

Signature _____ **Date** _____

Print Name _____ Print Title (if organization) _____

Please send this form to:
 Kathie Gannon, Director of Fundraising Services
 OPRS Foundation
 1001 Kingsmill Parkway, Columbus, Ohio 43229
 Or fax to 614-885-1201

Your application will be reviewed by OPRS Foundation and Senior Independence Hospice. You will be notified of your approval within 10 business days. For questions about this application, contact Kathie Gannon at (513) 582-1844 or kgannon@corp.oprs.org.

For OPRS Foundation Use Only	Reviewed by:	Approved: <input type="radio"/> Yes <input type="radio"/> No	Date: _____
	Name _____	Name _____	Comments: _____
	Name _____	Name _____	_____
Name _____	Name _____	_____	_____

