

# Iredell Health Foundation

## Community Fundraiser Application

Today's Date: \_\_\_\_\_

### Sponsor Information

Organizer's Name: \_\_\_\_\_

Company/Organization Name (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Business/Personal Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email \_\_\_\_\_

### Fundraiser Information

Name of fundraiser: \_\_\_\_\_

Type of fundraiser: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

Description of fundraiser (please be specific):

\_\_\_\_\_  
\_\_\_\_\_

Location: \_\_\_\_\_

Has this fundraiser taken place before?    Yes    No    If yes, when and who was  
the beneficiary? \_\_\_\_\_

Does your fundraiser require permitting and/or a license?    Yes    No

*\*Please note: As with any fundraising event or proposed raffle, please adhere to federal, state, and local laws regarding gaming permits.*

**Budget/Fundraising**

Will Iredell Health Foundation be the sole beneficiary of this event?      Yes      No

(If no, please list other beneficiaries) \_\_\_\_\_

Approximate number of people expected to participate: \_\_\_\_\_

Anticipated gross revenue \$ \_\_\_\_\_

Anticipated expenses \$ \_\_\_\_\_

How will expenses be paid? \_\_\_\_\_

Anticipated net revenue \$ \_\_\_\_\_

Anticipated donation to Iredell Health Foundation \$ \_\_\_\_\_

Will the fundraiser be sponsored or underwritten by a company or organization  
business?      Yes      No

If yes, please specify all sponsors involved: \_\_\_\_\_

Briefly describe how funds will be raised (i.e., ticket sales, collections, sponsorship,  
auction, raffle, etc.) \_\_\_\_\_

Will your gift be designated to a specific health system program?      Yes      No

If yes, which one? \_\_\_\_\_

**Insurance**

Name of insurer\* \_\_\_\_\_

Iredell Health Foundation may require the insuring of any special event/fundraiser. The health system assumes no liability related to special events conducted on its behalf.

Because the Foundation solicits a large number of local businesses, prior approval may be necessary before asking for donations. Please list all businesses, civic or social organizations, or foundations which will be or have been solicited for underwriting, sponsorship, in-kind giving, auction items or other contributions for this event. (Attach an extra sheet if necessary.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Publicity & Promotions**

For publicity purposes, a contact name and number that can be publicly listed:

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

How will the event be publicized (social media, press releases, flyers, TV/radio, newspapers, website)? \_\_\_\_\_

\_\_\_\_\_

Do you plan to use the IHF-provided community logo or name on event materials?

Yes      No

*We must approve any materials with IHF-provided logo or name.*

**Your name entered below will be accepted as your signature.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email, mail or fax completed application to:

Iredell Health Foundation  
P.O. Box 5635  
Statesville, NC 28687  
FAX: 704-878-4568  
Email: [Foundation@iredellhealth.org](mailto:Foundation@iredellhealth.org)