

The University of Kansas Health System Third Party Fundraising Event Information

1. EVENT SPONSOR INFORMATION

Name of sponsoring organization/individual: _____

Contact: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

Preferred method of communication: _____

2. EVENT INFORMATION

Event name: _____

Event date: _____

Location: _____

Description: _____

Please specify if you plan to make this an annual event: _____

3. USE OF FUNDS (The University of Kansas Health System Fund Development staff is willing to assist you in determining your area of impact.)

Area of impact: _____

4. FINANCIAL INFORMATION (please estimate)

Total proceeds: _____

Expenses (include printing, food, entertainment, rentals, etc.): _____

Net proceeds (total proceeds minus expenses): _____

Amount of net proceeds to be given to The University of Kansas Health System: _____

The University of Kansas Health System appreciates receiving your donated proceeds within 90 days after the event.

The University of Kansas Health System Third Party Fundraising Event Informaiton

5. AGREEMENT/SIGNATURE

Please review The University of Kansas Health System's Third Party Fundraising Event Guidelines, sign th agreement below, and mail or fax this form to:

The University of Kansas Health System
Fund Development
2330 Shawnee Mission Pkwy., Suite 305
Westwood, KS 66205
Fax: 913.588.8008

Completed forms must be submitted at least 90 days prior to the event.

I have read the attached Event Guidelines and agree to follow them with regards to holding the proposed event to benefit The University of Kansas Health System.

Signature of Applicant: _____

Date: _____

**The University of Kansas Health System
Third Party Fundraising Event Informaiton**

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