

# The University of Kansas Health System Third-Party Fundraising Event Donation Form

## 1. EVENT DONOR 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

Area of impact: \_\_\_\_\_

## 4. FINANCIAL INFORMATION

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: \_\_\_\_\_

(Please make checks payable to **The University of Kansas Health System**, and mail to 2330 Shawnee Mission Parkway, MS 5004, Suite 305, Westwood, KS 66205.)

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

Signature of Donor: \_\_\_\_\_ Date: \_\_\_\_\_