

Good Samaritan Foundation

Application for Fundraising Events

This form must be completed by any individual, business or organization wishing to hold a fundraising event to benefit Good Samaritan Hospital. Please complete, sign and return this form along with a signed copy of the Guidelines for Fundraising Events no later than six weeks prior to proposed event to:

Good Samaritan Foundation
402 15th Ave SE, Suite 101 Puyallup, WA 98372
f 253.697.2849

Sponsoring Organization: _____

Sponsor Address: _____

Contact Name: _____ Title: _____

Daytime Phone: _____ Business Cell

Name of Event: _____

Event Date: _____ Event Hours: _____

Location: _____

Open to the public? Yes No

First Time Event? Yes No

Projected Attendance: _____ Fees Charged: \$ _____

Event Description (describe in detail; use attachment if needed): _____

Please indicate where you want the donated funds to be allocated:

Areas of Greatest Need

Hospice

Breast Health Programs

Oncology

Children's Therapy Unit

Physical Rehabilitation

Community Services / Family Outreach

Other: _____

Inpatient Pediatrics

How and when will your event be publicized? _____

What, if any assistance will you request from Good Samaritan?

- Speaker
- Staff representative to attend
- Good Samaritan information/brochures
- Hospital tour / visit
- Marketing support
- Printing services
- Staff assistance
- Other: _____

Estimated income: \$ _____ Estimated expense: \$ _____

Estimated donation: \$ _____ Anticipated date of donation: _____

Will any other charitable organization benefit from this event? Yes No

If yes, please list organization(s), how they are involved, and in what manner they will benefit:

Business/Service of sponsoring organization: _____

Year established: _____

Principal officers (please list name and title): _____

Describe how this event benefits the sponsoring organization: _____

*By my signature below, I commit to following the provided **Guidelines for Fundraising Events**, and attest that the information on this application is accurate and complete. I understand that until written permission is received by Good Samaritan Foundation, the name "Good Samaritan Hospital" or any of its entities is not to be used for any purpose.*

Signature _____ Date _____

Printed Name _____ Title _____