

Mary Bridge Children's
Hospital and Health Center
MultiCare 

Special Events Proposal Form

This form must be completed by any organization, business or individual wishing to sponsor a fund-raising event on behalf of Mary Bridge Children's Hospital and Health Center. Please complete, sign and return this form no later than one month before the proposed special event to:

Executive Director • Mary Bridge Children's Foundation
PO Box 5296 • Tacoma, WA 98415-0296

Name of Event: _____

Location: _____

Sponsoring Organization(s): _____

Address: _____

Contact Name: _____ Title: _____

Daytime Phone: _____ Evening Phone: _____

Event Date(s): _____ Event Hours: _____

Open to Public? Yes No Project Attendance: _____

Admission Fee: \$ _____ First-Time Event? Yes No

Type of Event (describe in detail, use extra paper if necessary): _____

What, if any assistance will you request from Mary Bridge?

Speaker

Mary Bridge representative

Mary Bridge Information / Brochures

Hospital Tours or Visits

Other: _____

Estimated Income: \$ _____ Estimated Expenses: \$ _____

Estimated Donation: \$ _____ Guaranteed Donation: \$ _____

NOTE: Mary Bridge reserves the right to require a guaranteed donation in some instances.

Expected Date of Donation: _____

Will you agree to allow Mary Bridge to verify expenses and revenue upon request? Yes No

Are you expecting Mary Bridge to share in any expenses? Yes No

If yes, itemize here: _____

How and when will your event be publicized/promoted? _____

Prior to distribution, Mary Bridge requires that you submit to us all promotional materials which use the Mary Bridge name. Will you agree to this? Yes No

What date can we expect to receive promotional materials? _____

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

If yes, please list organization(s) and how they are involved or how they will benefit?

Business/Service of Sponsor(s): _____

Year Sponsor was established: _____

Sponsor's principal officers. Please print name(s) and title(s): _____

Describe how this event benefits the Sponsor: _____

Sponsor Representative's Signature: _____

Signator's Title: _____ Date: _____

FOR MARY BRIDGE USE ONLY:

PROGRAM: _____

\$ _____

Date Received: _____ Approved: Yes No

Approved / Decline By: _____ Date: _____