

APPLICATION

CONTACT INFORMATION

1. Contact name: _____
2. Relationship to MDS? _____
 Patient Caregiver Family/Friend Pharma
3. Organizer's Address: _____
 - a. City: _____
 - b. State: _____
 - c. Zip Code: _____
4. Organizer's Email: _____
5. Organizer's Phone: (Home) _____
6. Organizer's Phone: (Cell) _____
7. Organizer's Phone: (Work) _____

FUNDRAISING EVENT INFORMATION

1. Name of Event: _____
2. Type of Event: _____
3. Event Description/Summary: _____
4. Fundraising Goal: _____
5. Event Location: _____
6. Location Address: _____
 - a. City: _____
 - b. State: _____
 - c. Zip Code: _____
7. Start Date & Time: _____

8. End Date & Time: _____
9. Expected Number of Attendees: _____
10. If you are selling goods & services, please indicate what will be sold and if a portion of the proceeds will be donated to MDS Foundation: _____

11. Will you be following COVID-19 Safety Protocols? _____

FINANCES

1. How will the funds be raised?
- Ticket Sales
 - Sponsorship
 - Auction/Raffle
 - Sales:
 - Merchandise
 - Food
 - Liquor
 - Donations
 - Other (Please Specify)
2. Will the proceeds of your event/activity be donated only to MDS Foundation? _____
3. Anticipated Event Income: \$ _____
4. Anticipated Event Expenses: \$ _____
5. Anticipated Event Net Profit: \$ _____
6. Does your event require a license: Yes No

MDS Foundation is a beneficiary, not a sponsor, of a third-party event or fundraiser. All promotional materials should clearly state that the event is sponsored by you or your organization with net proceeds benefiting the MDS Foundation.

Please note that certain gaming events, such as raffles or bingo, requires registration and licensing with the state. Be sure to check ALL local and state laws before moving forward.