



With compassion and excellence,
we enhance the quality of life for those living with serious illness.

Third Party Special Events Fundraising Form

Please fill out and mail or email to the attention of **Terri Roberts, VP of Business Development/Marketing**
Columbus Hospice of Georgia and Alabama | 7020 Moon Road | Columbus, GA 31909
t.roberts@columbushospice.com

Name of Group/Organization planning event: _____

Name of Individual(s) in charge of event: _____

Mailing Address: _____ City/State/Zip: _____

E-mail Address: _____ Phone Number: _____

Name of Event: _____ Date/Time of Event: _____

Location of Event: _____ City/State/Zip: _____

Event is: Open to Public Invitation Only Ticket Price: \$_____ Table Price: \$_____

Estimated number of attendees: _____

Has this event taken place before: Yes No If yes, when? (Date)_____

Estimated revenue \$_____ Estimated Expenses: \$_____ Estimated contribution to Hospice: \$_____

Briefly describe the event and fundraising components (ticket sales, table sales, raffle, auction, sponsors, etc.)

Would you like someone from Columbus Hospice to present at your event, if available & scheduled in advance?
 Yes No If yes, please provide details (time allotment, parking, dress, etc.)

Do you plan to use the Hospice logo in any of your promotional material? Yes No If yes, please provide
designer's name, phone & email address: _____

Will you need Hospice brochures? Yes No If yes, how many? _____

Will all net proceeds go to Hospice? Yes No

If no, list additional beneficiaries: _____

Fundraiser Signature: _____ Today's Date: _____

APPROVED SIGNATURE: _____ Date: _____