

## Application for Community Fundraising Events

Thank you for supporting Cape Fear Valley Health Foundation and its Friends groups. If you are an individual, business or organization wishing to hold a fundraising event to benefit Cape Fear Valley Health Foundation, please take a few moments to fill out our event application form. Please complete, sign and return this form along with a signed copy of the Guidelines for Community Fundraising Events no later than six weeks prior to proposed event to:

Cape Fear Valley Health Foundation  
101 Robeson Street, Suite 106  
Fax: 910.615.1551  
Phone: 910. 615.1285

Sponsoring Organization: \_\_\_\_\_

Sponsor Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_  Business  Cell

Email: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Hours: \_\_\_\_\_

Location: \_\_\_\_\_

Open to the public?  Yes  No      First Time Event?  Yes  No

Projected Attendance: \_\_\_\_\_ Fees Charged: \_\_\_\_\_

Will alcohol be served?  Yes  No

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

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

- Cape Fear Valley Health Foundation
- Endowment Fund
- Areas of Greatest Need
- Friends of the Cancer Center
- Friends of Children
- Friends of the Heart Center
- Friends of Nursing
- Friends of Rehabilitation
- Friends of Highsmith-Rainey Specialty Hospital
- Other: \_\_\_\_\_

How and when will your event be publicized?

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What, if any assistance will you request from Cape Fear Valley?

- Speaker
- Staff representative to attend
- Staff assistance
- Cape Fear Valley information/brochures
- Hospital tour / visit

Estimated event revenues: \$ \_\_\_\_\_

Estimated event expenses: \$ \_\_\_\_\_

Estimated net donation to CFVHF: \$ \_\_\_\_\_

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:

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Business/Service of sponsoring organization:

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Year established (approximate):

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Principal Officers (please list name and title):

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Describe how this event benefits the sponsoring organization:

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**Insurance Information:** Cape Fear Valley Health Foundation requires that the event be adequately insured. Organizers must work with the Foundation to provide all necessary information regarding insurance and shall complete necessary documentation in order for Cape Fear Valley Health Foundation to be added as an additional insured on the organizer's policy.

Insurance Company: \_\_\_\_\_

Type and Amount: \_\_\_\_\_

### TERMS AND CONDITIONS

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

I/We have read the Community Fundraising Guidelines and, if this proposed activity is approved, agree to abide by all conditions set forth in the guidelines and /or outlines specifically for this proposed activity. Specifically, I/We agree that:

- The named "person in charge" of proposed activity has the authority to enter into this agreement.
- Cape Fear Valley Health Foundation/Cape Fear Valley Health is not responsible for any debts or costs incurred as a result of this activity, unless pre-approved and agreed upon.

Terms accepted by:

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

\_\_\_\_\_

Title

**For Cape Fear Valley Use Only**

**Submitted to Cape Fear Valley Health Foundation Event Proposal Committee with  
recommendation of:**

**Recommended**

**Recommended with changes/recommendations:**

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**Not Recommended**

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**Date** \_\_\_\_\_