

# FUNDRAISER APPLICATION FORM



HealthQuest



## ORGANIZATION INFORMATION (i.e., Group holding Fundraiser)

Organization Name \_\_\_\_\_

Organization Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Website Address (if any) \_\_\_\_\_

Type of Organization:     Educational     Religious     Community     Charitable     For-Profit Business\*

## CONTACT INFORMATION (Person in-charge of, or responsible for, your Fundraiser)

Name \_\_\_\_\_ Affiliation with Organization/Title \_\_\_\_\_

Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Preferred Contact Phone # for delivery of promotional materials ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

## PURPOSE OF FUNDRAISER\*

\_\_\_\_\_

\*If your Fundraiser is **not for the benefit of your organization** OR if you are a **For-Profit** organization, please indicate the organization/cause that will benefit from the proceeds of your Fundraiser (note: verification required prior to approval)

Benefitting Organization/Cause Name \_\_\_\_\_

Contact Name at Benefitting Organization/Cause \_\_\_\_\_

Contact Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

## PROPOSED DATE OF FUNDRAISER \_\_\_\_\_

I certify that I represent the Organization applying to raise funds for a school, community group or charity and that I have read the Qualifying Requirements and we meet the guidelines as stated and that any proceeds from any re-sale of Fundraising products purchased by this organization will be used for the purpose stated above and not for individual/commercial gain or profit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## COMMENTS

\_\_\_\_\_

\_\_\_\_\_

***This portion is to be filled out by sponsoring clinic manager:***

Date received by Clinic Manager \_\_\_\_\_ on \_\_\_\_\_ Approved:  Y  N

Clinic Manager's signature \_\_\_\_\_

## QUALIFYING REQUIREMENTS

Our Fundraising programs are provided exclusively to assist groups and organizations who are raising funds to benefit the types of causes listed below. The Fundraising donation of services reflects our clinic's commitment to helping our community and is not designed to provide discounted pricing to individuals or groups to use our products for personal gain and/or commercial profit or for any purpose other than those described below.

Both for-profit organizations and not-for-profit organizations may be approved to conduct our Fundraiser when the Fundraiser proceeds will be fully used to benefit a group/cause that is one of the following types (verification required for approval):

**EDUCATIONAL** – proceeds are being used to support a school or educational institution or a school-related organization (e.g., club/student/parent group; athletics; band/choral; school equipment; student development; scholarships).

**RELIGIOUS** – proceeds are being used to support faith-based activities or church-related organizations (e.g., youth group; missions; benevolent programs; building fund; congregational support).

**CHARITABLE** – proceeds are being used to support a registered 501(c) charitable organization OR a cause such as medical fundraiser or disaster relief fund.

**COMMUNITY** – proceeds are being used to support community-based activities devoted exclusively to charitable, educational, or recreational purposes and not for individual or commercial gain.