



**STURDY MEMORIAL HOSPITAL
COMMUNITY FUNDRAISING EVENT PROPOSAL**

Thank you for choosing Sturdy Memorial Hospital as the beneficiary of your event.

Today's Date: _____

Contact Information

Name of group/company planning event: _____

Name of individual(s) responsible: _____

Mailing address: _____
(street address)

(city) (state) (zip code)

Email address: _____

Telephone: _____
(home) (business) (fax)

Proposed Event Information

Name of proposed event: _____

Date: _____ Time: _____
(day and date) (to and from)

Location: _____
(venue and/or street address)

(city) (state) (zip code)

Event will benefit: _____

Will your event proceeds be restricted to a specific fund at Sturdy: _____yes _____no

If yes, identify program/physician: _____

Briefly describe the event and how funds will be raised (e.g. ticket sales, pledges, sponsorship, auction, raffle, etc.): _____

Is the event: ___ open to the public ___ by invitation only

Ticket price (if applicable): \$ _____

For publicity purposes, a phone number that can be publicly listed: _____

Has this event taken place before: ___ yes ___ no If so, when ___/___/___

Does your company plan to match the amount you raise: ___ yes ___ no

Are there other beneficiaries besides Sturdy Memorial Hospital: ___ yes ___ no

If yes, which organization(s): _____

 If yes, % Sturdy will receive: _____

How will event be publicized (e.g. press releases, flyers, radio/TV, printed ads: _____

Does your event require a license: ___ yes ___ no

Please note that certain gaming events (e.g. raffles, bingo) require a license. See legal information provided within event guidelines and policy resource.

Please list below all businesses you plan to solicit for cash or in-kind support (products or services): _____

Estimated Event Revenue

- 1) \$ _____ Estimated event income (ticket sales, raffles, auction, etc.)
- 2) \$ _____ Estimated event expenses
- 3) \$ _____ Estimated event net revenue
- 4) _____ Estimated date funds will be received at Sturdy

Signature of applicant: _____

Please print name: _____

Organization and title (if applicable): _____

Date: _____

Retain a copy of this form for your files and mail original to:

William J. Florentino
Director of Development
Sturdy Memorial Foundation, Inc.
211 Park Street, P.O. Box 2963
Attleboro, MA 02703-0963
(508) 236-8008

Email: wflorentino@sturdymemorial.org

*Thank you, in advance, for your hard work and commitment to
Sturdy Memorial Hospital.*

