

MAINEGENERAL HEALTH  
COMMUNITY FUNDRAISING EVENT PROPOSAL FORM



Your Information

PREFIX \_\_\_\_\_ FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

GROUP/COMPANY PLANNING THIS EVENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ EVENING PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

About the Event

NAME OF THE EVENT \_\_\_\_\_

TYPE OF EVENT \_\_\_\_\_

EVENT DATE \_\_\_\_\_ EVENT START TIME/DURATION \_\_\_\_\_

EVENT LOCATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Event Details

THE EVENT WILL INCLUDE  AUCTION  RAFFLE

*Please note that certain gaming events (e.g. raffles, bingo) require a license.*

THIS EVENT IS  OPEN TO THE PUBLIC  INVITATION ONLY

HOW WILL THE EVENT BE PUBLICIZED? \_\_\_\_\_

PLEASE GIVE A PHONE NUMBER OR WEB SITE THAT CAN BE LISTED PUBLICLY \_\_\_\_\_

THE GIFT FROM THE EVENT WILL BENEFIT A SPECIFIC AREA OF MAINEGENERAL HEALTH  NO  YES

IF YES, PLEASE LIST \_\_\_\_\_

*Please note that by choosing no, your gift may be applied by the hospital to the areas of most immediate need; unrestricted giving is one of the most precious resources available to MGH.*

Are other beneficiaries besides MaineGeneral Health  No  Yes

If yes, please list \_\_\_\_\_

Please note the percentage designated to MaineGeneral Health \_\_\_\_\_

My company plans to match the gift amount that I raise  No  Yes

I have reviewed and agreed to the MaineGeneral Health community fundraising guidelines, including the section on "financial information".

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

*Please attach a list of all businesses and individuals you plan to solicit for cash or in-kind donations (products or services).*

*Please return the completed form to the address listed below.*

MaineGeneral Health • Office of Philanthropy • PO Box 828 • Waterville • Maine • 04903  
207.626.1809 • philanthropy@mainegeneral.org