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## Application for Community Fundraising Events

Thank you for supporting Cape Fear Valley Health Foundation. If you are an individual, business or organization wishing to hold a fundraising event or collection drive 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 (6) weeks prior to proposed event to:

Cape Fear Valley Health Foundation  
101 Robeson Street, Suite 106  
Fax: 910.615.9920  
Phone: 910. 615.1285

### ***EVENT SPONSOR INFORMATION***

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

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

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

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

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

### ***EVENT DETAILS***

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



***PUBLICITY/COMMUNITY ENGAGEMENT***

How and when will your event be publicized?

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What, if any, social media outlets will you use?

- Facebook URL \_\_\_\_\_
- Twitter URL \_\_\_\_\_
- Instagram URL \_\_\_\_\_
- Personal Website \_\_\_\_\_
- Other \_\_\_\_\_

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

- Guest Speaker
- Staff representative to attend event
- Check Presentation (after event)
- Cape Fear Valley information/brochures
- Hospital tour/Visit
- Other \_\_\_\_\_

***ESTIMATED GIFT CONTRIBUTION & BENEFICIARIES***

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

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

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

Item collection in lieu of fundraising:  Yes  No

Anticipated date of donation: \_\_\_\_\_

Do you hope to make this a seasonal/annual event?  Yes  No

Will any other charitable organization benefit from this event?  Yes  No

*Please note, Cape Fear Valley Health Foundation cannot participate in or be listed as a beneficiary in any event which also directly provides funding to an individual.*

If yes, please list organization(s), how they are involved, and in what manner they will benefit:

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***SPONSORING ORGANIZATION INFORMATION***

Business Category/Service of sponsoring organization:

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Year established (approximate): \_\_\_\_\_

Principal Officers (please list name and title):

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Describe how this event benefits the sponsoring organization:

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***EVENT INSURANCE (events only)***

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: \_\_\_\_\_



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## 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:

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Signature

Date

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Title

**For Cape Fear Valley Health Foundation Use Only**

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

**Recommended**

**Conditional Recommendation with the following provisions:**

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**Not Recommended**

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

**Foundation Representative:** \_\_\_\_\_

Date: \_\_\_\_\_



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## Update for Recurring Events

*Thank you for continuing to support Cape Fear Valley Health Foundation. We appreciate your efforts in supporting the health and wellness of our community.*

Please take a few moments to update the information below to note any changes in your event. Please sign and return this form no later than six (6) weeks prior to proposed event to:

Cape Fear Valley Health Foundation  
101 Robeson Street, Suite 106  
Fax: 910.615.9920  
Phone: 910. 615.1285

### EVENT SPONSOR INFORMATION

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

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

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

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

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

### EVENT DETAILS

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

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

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

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

- Guest Speaker
- Cape Fear Valley information/brochures
- Staff representative to attend event
- Hospital tour / visit
- Check Presentation (after event)
- Other \_\_\_\_\_

Are there any changes to the original application?  Yes  No If yes, explain:

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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.
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Terms accepted by:

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Signature

Date

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Title

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**Recommended**

**Conditional Recommendation with the following provisions:**

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**Not Recommended**

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

**Foundation Representative:** \_\_\_\_\_