

EXETER HEALTH RESOURCES FUNDRAISING EVENT APPLICATION FORM

Thank you for your interest in organizing and hosting a fundraising event to raise funds to benefit the operating affiliates of Exeter Health Resources (i.e., Exeter Hospital, Core Physicians and/or Rockingham VNA and Hospice). We appreciate the commitment our community members demonstrate as we partner together on improving the health of the communities in which we serve.

Please complete this form and return to Exeter Health Resources Advancement Office at 5 Alumni Drive, Exeter, NH 03833. Your fundraising event application will be reviewed by our Advancement Office and you will be contacted by one of our Advancement Office Representatives within 2 weeks of receipt of the application. Our goal is to ensure that all events are aligned with and support Exeter Health Resources' goals for third party fundraising events. Each event will be reviewed on a case-by-case basis.

Contact Information:

Group/ Organization (if applicable): _____

Event Applicant's Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Event Information:

Proposed Event Date: _____ Event Time: _____

Proposed Event Name: _____

Event Location: _____

Description of Event: _____

Event to Benefit: The Beyond the Rainbow Fund The Center for Cancer Care RVNA
 Unrestricted Use of Funds Other: _____

Will any portion of the event proceeds be donated to other non-profits, organizations or individuals?
If yes, please specify additional beneficiaries: _____

Does the event require any type of license? _____

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Event Information (Continued):

Estimated Event Revenue:

Estimated Event Income: _____

Estimated Expenses: _____

Estimated Net Revenue: _____

How Will Income be Generated:

Admission Fee

Direct Donations

Merchandise Sales

Raffles and/or 50/50

Sponsorships**

Silent Auction

Other: _____

** Please provide names of businesses requesting sponsorships, cash and/or in-kind donations from:

How will your event be marketed? _____

Is there any support and/or requests that you have of Exeter Health Resources for this event?

For more information contact Carrie Shaw at 603-702-0551 or via email at cshaw@ehr.org.

Submitted by:

(Print)

(Signature)

(Signature)

(Date)

Received by:

(Print)

(Date)

Status:

Approved

Date: _____

Not Approved

Reason: _____

Fundraiser Outcome: _____

Exeter Hospital is a 501 (C) (3) Tax-Exempt Organization. Tax ID # 22-2674014

Rockingham VNA & Hospice is a 501 (C) (3) Tax-Exempt Organization. Tax ID # 02-0274905

Core Physicians is a 501 (C) (3) Tax-Exempt Organization. Tax ID # 87-0807914