



## Third-Party Fundraiser Application

Please return completed form to [info@myocarditisfoundation.org](mailto:info@myocarditisfoundation.org)

<h3 style="margin: 0;">Fundraiser Details</h3>
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Application Date : \_\_\_\_\_ Fundraiser Date(s): \_\_\_\_\_

Name of Proposed Fundraiser: \_\_\_\_\_

Start time/end time: \_\_\_\_\_

Location/address: \_\_\_\_\_

Description of event: \_\_\_\_\_

Expected number of attendees/participants:	
Potential sponsors/underwriters:	
Planned publicity/promotion: (i.e. print ads, radio, tv, flyers, etc.)	
Is the Myocarditis Foundation the sole beneficiary of this event?	Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> ) If no, please name other beneficiaries and describe extent:
Myocarditis Foundation will help promote your fundraiser. To assist, please provide>	Link to fundraiser website:  Social media handles:
Educational materials needed:  Limit of 25 each unless otherwise negotiated	<input type="checkbox"/> Myocarditis Foundation brochure <input type="checkbox"/> Pediatric Myocarditis brochure <input type="checkbox"/> Adult Myocarditis brochure <input type="checkbox"/> Myocarditis and Giant Cell Myocarditis brochure <input type="checkbox"/> Donation envelopes
Request Myocarditis Foundation Representative/Speaker*	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Cannot guarantee availability. If yes is checked, we will follow up to discuss

Can you provide comprehensive general liability insurance? Yes (  ) No (  )

**Budget Information**

Projected Gross Income	Projected Expenses	Projected Donation

\* Please attach any additional budget details

**Contact Information**

Contact person/title: \_\_\_\_\_

Organization/company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Applicant has read the Partnership Guidelines for Third Party Mission Partner Fundraisers Benefiting the Myocarditis Foundation and agrees to abide by them. Applicant understands approval must be granted and Letter of Agreement must be executed by the parties before Applicant can plan or promote the proposed fundraiser. The Myocarditis Foundation is not liable to any vendor or other third party for any fees, costs or payments of any kind associated with the event, and the Applicant agrees to indemnify and hold harmless the Myocarditis Foundation against any such claims by third parties or vendors for such fees, costs or payments.

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

- When we receive this completed form, upon approval, we will prepare and send you our standard Third Party Agreement
- Please remember to send us draft copies of any promotional/publicity materials for approval prior to printing, publishing or distributing