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# HARRINGTON CANCER and HEALTH FOUNDATION

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## Third-Party Fundraising Event Application Form

### GENERAL INFORMATION

Name of organization/individual: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### EVENT INFORMATION

Name of event: \_\_\_\_\_

Type of event: \_\_\_\_\_

Brief description of event: \_\_\_\_\_

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

Date(s) and time(s): \_\_\_\_\_

Method of raising funds, including any fees charged: \_\_\_\_\_

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Will you be advertising or publicizing this event? How? \_\_\_\_\_

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Who is your target audience: \_\_\_\_\_ Estimated attendance: \_\_\_\_\_

Will alcohol be served? What type(s)? \_\_\_\_\_

**USE OF FUNDS**

Please indicate where you wish to designate the proceeds raised: \_\_\_\_\_

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**SIGNATURE**

Until written permission has been granted by Harrington Cancer and Health Foundation, contributions may not be solicited in the name of Harrington Cancer and Health Foundation or any of its programs and the name "Harrington Cancer and Health Foundation" may not be used.

Information provided on this form is correct and accurately describes the proposed event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

Please return the completed form to the Jodi Reid, the Harrington Cancer and Health Foundation Director of Development, at [jodireid@hchfamarillo.org](mailto:jodireid@hchfamarillo.org). We will contact you as soon as possible regarding your request. If you have further questions, please contact Jodi at 806.331.6939.

*Thank you for supporting the Harrington Cancer and Health Foundation mission:  
To reduce the burden of cancer and to promote and serve the healthcare needs of residents living in Amarillo and surrounding communities. We focus our efforts on cancer and community health.*