



**HARRINGTON
CANCER and HEALTH
FOUNDATION**

Third-Party Fundraising Event Application

GENERAL INFORMATION

Name of Organization: _____

Primary Contact: _____

Address, City, State, Zip: _____

Phone: _____ Email: _____

EVENT INFORMATION

Name of event: _____

Type of event: _____

Brief description and Location:

Date and Time: _____

USE OF FUNDS

Please indicate where you wish to designate the proceeds raised:

Signature

Date

Please return the completed application to jodireid@hchfamarillo.org or mail it to 500 S. Taylor, #223, Amarillo, TX 79101.