

Third Party Event Application



Event Information

Name of event organizer: _____

Contact person: _____

Telephone: _____ Fax: _____

Address: _____

City _____ State _____ Zip _____

Email address: _____

Event organizer's website, if applicable: _____

Event Information

Name of event: _____

Description of event: _____

Location: _____

Date(s) and time(s): _____

Date activity will end: _____

Method of raising funds, including fees charged: _____

Will you be advertising or publicizing this activity? If so, who will be handling these tasks?

Who is your target audience: _____ Estimated attendance: _____

Use of Funds

What area at Barrow Neurological Institute would you like to benefit from your fundraising efforts?
(Examples: Innovation Fund, Alzheimer's, Muhammed Ali Parkinson's Center, Barrow Connection, Medical Education, General Research, etc.)

Why is this cause meaningful to you?

Financial Information

Anticipated amount of your donation: _____

Anticipated date of your donation: _____

Signature

Please submit the completed form by email to Jana.Earnest@DignityHealth.org or by mail to **124 W. Thomas Road, Suite 250, Phoenix, AZ 85013**. A member of the Barrow Neurological Foundation staff will contact you within two days to confirm your event. Until written permission has been granted by the Barrow Neurological Foundation, contributions may not be solicited in the name of Barrow Neurological Institute or Barrow Neurological Foundation.

The person signing below represents and warrants that he/she is authorized to enter into this agreement. The authorized signatory also warrants and represents that the information provided on this form is correct and accurately describes the proposed event.

Signature

Date

If you have any questions regarding this form or your fundraising event, please contact
Barrow Neurological Foundation at (602) 406-1021
or via email at foundation.supportbarrow@dignityhealth.org.

