

Application Step 1: Contact Information



Your name: _____

Your organization or company: _____

Tell us more: _____

Street address: _____

City: _____ State: _____ Zip: _____

Work phone: _____

Cell phone: _____

Email: _____

I have read, understand, and agree to abide by the preceding guidelines for special events and promotions to benefit the CAMC Foundation.

Signature - By typing your name here, you are signing this application electronically. You agree your electronic signature is the equivalent of your manual signature on this application.

_____ Date

Application Step 2: Event/Promotion Information

1. Name of proposed event or promotion: _____

2. Date(s) of proposed event or promotion: _____

3. Are there any other beneficiaries of this event or promotion?: Yes _____ No _____

If yes, name of other organization(s): _____





4. Plan for publicity and promotion (All materials must be reviewed and approved in advance by the CAMC Foundation.)

- Press releases to be sent to: _____
- Fliers to be distributed to: _____
- Public service announcements to be sent to: _____
- Other: _____

5. List businesses other than your own that you plan to solicit for cash or in-kind donations. (This list must be reviewed and approved in advance by the CAMC Foundation.)

6. Please indicate below the kind of fundraising activity/activities you would like to implement on behalf of CAMC Foundation.

7. What do you need from the CAMC Foundation? What assistance would you like to request?

Application Step 3: Event Details

Location: _____

Projected attendance: _____

Briefly explain how funds will be raised (ticket sales, pledges, sponsorship, auction, etc.): _____

Does the event require a license: Yes _____ No _____

Click submit to send completed form by email or you may print and send to the below address.

CAMC Foundation
Attn: Community Giving
3414 Staunton Avenue, SE
Charleston, WV 25304

Phone: **(304) 388-9860**
Fax: **(304) 388-9861**
Email: CAMCFoundation@vandaliahealth.org

