



Orange County
Ronald
McDonald
House

FUNDRAISER/EVENT APPLICATION

EVENT NAME/OR TYPE: _____

DATE OF APPLICATION: _____

ORGANIZATION/COMPANY INFORMATION:

ORGANIZATION/COMPANY NAME: _____

ORGANIZATION/COMPANY ADDRESS:

(Street, Suite, Floor, City, State, Zip)

PHONE: _____ FAX: _____

WEB ADDRESS: (if applicable) _____

ORGANIZATION/COMPANY DESCRIPTION: (Brief summary about mission of organization or company background)

CONTACT INFORMATION:

NAME: _____

POSITION/AFFILIATION WITH ORGANIZATION/COMPANY/EVENT:

ADDRESS: (If different from organization/company's)

(Street, Suite, Floor, City, State, Zip)

PHONE: _____ FAX: _____

EMAIL: _____

FUNDRAISER/EVENT INFORMATION:

DESCRIPTION OF FUNDRAISER/EVENT: (Brief summary and/or goals of event, or product information.)

FUNDRAISER DATE: _____

EVENT HOURS: _____ - _____

(Time open and close to guests)

EXPECTED ATTENDANCE: _____

PROJECTED REVENUE: _____

383 South Batavia Street, Orange, CA 92868

(714) 639-3600

www.ronaldhouseoc.org

TARGET AUDIENCE: (gender, age, race, languages spoken other than English, etc.)

PLEASE PROVIDE A BRIEF DESCRIPTION ABOUT YOUR METHOD FOR RAISING FUNDS:

(Silent auction, ticket sales, drawing, raffle, product sales, etc.)

HOW MUCH MONEY DO YOU ANTICIPATE DONATING TO ORANGE COUNTY RONALD MCDONALD HOUSE FROM THIS FUNDRAISER? IF THE DONATION IS BASED ON A PERCENTAGE, PLEASE INDICATE THAT AMOUNT (e.g. 10% of ticket sales, 100% of profits).

(Please be specific for each fundraiser initiative- raffle, tickets, sales, etc. Indicating a donation amount will not obligate you to that amount.)

WHAT PROMOTIONS OF THE EVENT ARE PLANNED?

WILL THE EVENT BENEFIT OTHER ORGANIZATIONS?

VENUE INFORMATION:

ADDRESS:

(Location name)

(Street, floor, suite, city, state, zip)

VENUE CONTACT:

(Name of the contact you are working with at venue)

OCRMH SUPPORT:

Please describe in detail, the type of support you are seeking from our Charity. (For example, speaker at the event, other attendees, assistance with promotions, ticket sales, plans for event, etc.)

VOLUNTEER INFORMATION:

If you are requesting assistance with securing volunteers to help staff the event, please provide the following information.

NUMBER OF VOLUNTEERS NEEDED: _____

HOURS VOLUNTEERS ARE NEEDED: (Arrival time and departure time) _____

ROLE AND/OR RESPONSIBILITIES OF VOLUNTEERS:

HOW SHOULD OUR VOLUNTEERS DRESS?

(Business, Business Casual, Formal, Casual) _____

PLEASE ALLOW TWO WEEKS FROM YOUR SUBMISSION DATE FOR OUR RESPONSE.

**Please fax to (714) 516-3697
Attention: Executive Director**