



Third Party Fundraising Registration Form

Thank you for choosing Hospice of Washington County, Inc. as the beneficiary of your fundraising activity. We appreciate your support of our mission. We are excited to hear about your event and how we can help you make it as successful as possible.

Please complete this form and submit it to Hospice of Washington County
Development Office, 747 Northern Ave, Hagerstown, MD 21742.

If you have any questions, please contact Karen Giffin at 301-791-6360.

CONTACT INFORMATION

Organization or Business: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone #: _____

EVENT DETAILS

Name of Event: _____

Date of Event: _____ Time of Event: _____

Location of Event: _____

How often will you be holding this event? _____ annually _____ one time only

Other: _____

HOSPICE ASSISTANCE

Do you want a HWC representative at the event? _____

If so, is there a specific task you would like them to do? _____

Do you want information about HWC for participants at the event? _____ How many? _____

Do you need a door prize from HWC? _____

ANTICIPATED INCOME

How much do you expect to raise from this event? \$ _____

How much do you plan to donate to Hospice of Washington County? \$ _____

What is the expected date of your check presentation? _____

ADDITIONAL INFORMATION

Is there any other special information that you would like us to know about your event? _____

Signed by: _____ Signature: _____

Date Signed and Submitted: _____

Kindly complete this form at least 3 weeks prior to your event, if possible.

Please submit this completed form to:

Hospice of Washington County, Inc.

Attention: Karen Giffin

747 Northern Ave.

Hagerstown, MD 21742