



Third Party Fundraising Form For Doey's House at Hospice of Washington County, Inc.

Thank you for choosing Doey's House at 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, Inc., Development Office, 747 Northern Ave, Hagerstown, MD 21742, at least 6 weeks prior to your anticipated event. If you have any questions, please contact Karen Giffin or Angela Dredde at 301-791-6360.

CONTACT INFORMATION

Organization or Business: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone #: _____

PROPOSED 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 OF WASHINGTON COUNTY ASSISTANCE

Would you like a HWC representative at the event? _____

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

Would you like information about HWC and Doey's House for participants at the event? _____

How many? _____

Do you need a door prize from HWC? _____

PUBLICITY

How will you be advertising this event? _____

Do you have flier a for HWC to approve/assist with? _____ If yes, please attach.

Are you seeking use of the Doey's House Logo? _____

ANTICIPATED INCOME

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

How much do you plan to donate to the Doey's House Campaign at Hospice of Washington County? \$ _____

What is the expected date of your check presentation? _____

HWC will generate a press release for this check presentation.

ADDITIONAL INFORMATION

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

Signature: _____ Printed Name: _____

Date Signed and Submitted: _____

Kindly complete this form at least 6 weeks prior to your event.

Please submit this completed form to:

Karen Giffin, Senior Director of Development, Community and Public Relations

Hospice of Washington County, Inc.

747 Northern Ave.

Hagerstown, MD 21742

You will be notified within one week of receipt of this proposal as to your event approval status.

FOR HWC OFFICE USE ONLY

Date Received: _____ **Date Reviewed:** _____

Date Contacted Event Organizer: _____

Status: _____

Funds Donated to Doey's House: _____ **Date Funds Received:** _____