



Cleveland Clinic Kids Give Back Fundraising Application

Please complete this form and submit to:

Cleveland Clinic
 Attn: Kids Give Back
 Philanthropy Institute
 3050 Science Park Drive / AC322 Beachwood
 OH 44122

Fax: 216.448.0677

Email: RAYH@ccf.org

Date Submitted: _____

Fundraiser Information		
Name:	Phone:	Email:
Address:		
Please list any Fundraising Staff with whom you are currently working:		
Event Information		
Event Name:	Date of event:	
Event Description:		
Event Location (city and venue):	Estimated Number of Attendees:	
Has this event been held before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	What was the outcome? (dollars raised, etc)
What is the mission of the event?		
How will the event be promoted (fliers, newsletters, radio, etc)?		
Budget and Fundraising Information		
What is your fundraising goal?	How do you plan to reach your fundraising goal?	
Is there a cost to participate? If so, how much?		
Which area of Cleveland Clinic Children's would you like to support?	Will other charitable organizations receive proceeds from this event? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?	Do you plan to use Cleveland Clinic's name, logo, or program information to promote your event? <input type="checkbox"/> Yes <input type="checkbox"/> No

☐ I have read and will abide by the Cleveland Clinic Kids Give Back Fundraising Guidelines, located in the Kids Give Back Toolkit

*Signature of Kids Give Back Champion
 and/or Parent or Guardian*

Please feel free to attach additional documentation as necessary.