



## 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](mailto: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.**