



FUNDRAISING EVENT APPLICATION FORM

EVENT SPONSOR INFORMATION

Name of sponsoring organization/individual _____

Address: _____

Telephone: _____ Email: _____

EVENT INFORMATION

Name and type of event _____

Location (venue name, street address, city, state, zip code) _____

Date(s) and time(s) _____

Date event will end (*Donations should be delivered to UNC Lineberger within 30 days after this date.*) _____

Website or Facebook page, if available _____

Please describe your event and please include how funds will be raised:

Is this event open to the public? Yes _____ No _____
How many people do you expect to attend? _____

Do any of the individuals named on this form expect to gain monetarily from conducting the event? Do any of these persons have connections to a business that will benefit from the proposed event? If yes, please explain.

PROPOSED EVENT PROMOTIONAL INFORMATION:

How will you publicize your event? (Press Releases, Facebook, Twitter, Ads, Fliers, PSAs, Website, etc.):

Do you plan to use UNC Lineberger logos and/or name in event promotions? _____.
If yes, please initial that you understand that UNC Lineberger External Affairs staff must see and approve all materials prior to being released, printed or distributed. _____ Yes, I agree.

FINANCIAL INFORMATION

Please estimate:

Total Proceeds A. _____

Expenses (include printing, food, entertainment, Equipment rental, promotion, etc.) B. _____

Net Proceeds (A minus B) C. _____

Amount/percentage of net proceeds to be given To UNC Lineberger D. _____

Please note: Net proceeds must be received within 30 days of the event. We ask that your check be made payable to "UNC Lineberger."

USE OF FUNDS

If different from the general fund at UNC Lineberger, please indicate where you want your contribution to be used (i.e. the specific program or fund at UNC Lineberger):

TERMS AND SIGNATURE:

I agree that the information provided in this document is accurate, and further agree to the terms set forth in the UNC Lineberger Event Guidelines and Policies.

Signature of Event Organizer: _____ Date: _____

Please review the *UNC Lineberger Comprehensive Cancer Center Event Policy*, sign the agreement below, and return this form to:

**UNC Lineberger Comprehensive Cancer Center
Office of External Affairs
CB 7295
Chapel Hill, NC 27599-7295**

Email: Elizabeth_Rubio@med.unc.edu

Fax: (919) 966-8030

Please feel free to call UNC Lineberger’s Office of External Affairs (919) 966-5905 for questions about the application process.