

Application to Fundraise on Behalf of MarineParents.com, Inc.

Please check the type of fundraiser this will be:

- Corporate Sponsorship Payroll Deduction Solicitation of a Specific Group Exhibits Events
 Media Exposure Auctions, Raffles, 50/50 Drawings Established Fundraising Programs

Select the fund or program you will fundraise for:

- Warrior Support Team™ Team Marine Parents™
 Gold Star Family Support™ Operation Prayers and Letters™ Care Package Project™ General Operations

Are you fundraising as: Individual Company/Office Organization/Group

Company/Organization Name: _____

Personal Information

First Name: _____ Middle I: _____ Last Name: _____ Birthdate: ____ / ____ / ____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone:(____) _____ - _____ Cell Phone:(____) _____ - _____ E-mail: _____

Your Employer Information

Name of Employer: _____ Supervisor's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone:(____) _____ - _____ Position or Title: _____ Years Employed: _____

References

Name: _____ Relationship: _____

Phone:(____) _____ - _____ E-mail: _____ Years known: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name: _____ Relationship: _____

Phone:(____) _____ - _____ E-mail: _____ Years known: _____

Address: _____ City: _____ State: _____ Zip Code: _____

The following questions are specific to your fundraiser.

1. Please describe your fundraiser plan in detail: _____

(Attach additional pages if necessary.)

2. What is the goal amount you plan to raise (*dollar amount*)? _____

3. Number of people you anticipate contacting or participating in the fundraiser: _____

4. Who will be your target audience? _____
